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OBSTETRICAL SERVICE FOR THE LABORING CLASSES, AND THE RELATION OF THE MIDWIFE TO IT IN THIS STATE.*

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There is a permanency inherent in obstetrics not found in all of the other branches of medicine. We are eagerly engaged, for instance, in educating, legislating and sanitating tuberculosis and other infectious diseases out of existence and in our own time some will doubtless become, as have cholera and yellow fever, chiefly of sanitary and historical interest. But obstetrical cases we shall have always with us, a constant feature of the medical situation. Every advancement in obstetric therapeutics is a permanent gain, every change in obstetric economics, a question of interest to the general practitioner.

Sociologically, this practice is important in that it concerns not only the coming generation, but a class of women of great importance to the State, i. e., in the prime of life,—upon whose life and health depend the health and integrity of families, and who, in their capacities as wives and mothers, are of vastly more importance in the social fabric than the whole army of women in business and the professions.

*Read at the Saginaw meeting of the Michigan State Medical Society, May 15, 16, 1907, and approved for publication by the Publication Committee.

Of obstetric patients, by far the largest number are found and the birth rate is the highest, not among the well-to-do, but among people of small means, especially of the unskilled laboring classes, in families always so near the verge of dependence that disability or death of either wife or husband may push them over.

Loss of life or disability from unskilled attendance of confinements, puerperal complications or sequelae, also ophthalmic troubles and uncorrected deformities in the children, bear most heavily upon this class, and since they cannot afford trained nursing, their special need for the best obstetric service the physician can furnish, is apparent.

How is it from the standpoint of the physician? Three developments in modern medical science have left their impress on obstetrics, raising the standard of service to be given, viz., the development, first, of the general principles of surgery, second, the science of hygiene and sanitation, with its emphasis on the duty to prevent diseases and complications; and that of the science of pediatrics.

That service in accord with these principles, including proper examinations and care of pregnancy, repair of the injuries of labor, and careful oversight of both mother and child during the puerperium can be given for the fee of ten dollars, which I believe is the usual fee for this class of obstetric patients, at anything like a profit to a physician is open to grave doubt. Certainly, it cannot be for less. The unprofitableness of furnishing the service which each true physician would like to give is to some extent accountable, not only for the poor service sometimes given by good physicians, but for the tendency to allow this class of practice to drift largely into the hands of two more or less undesirable classes of obstetric practitioners.

1. The out-and-out cut-rate man to whom medicine is a business, not a profession, and who frequently reaches this class by advertisements in the papers printed in the different foreign languages—

2. Midwives.

The hospital, general or lying-in, which numbers its obstetric cases by ten thousands, does not in this State care for this particular class of obstetric patients to any appreciable extent. In Detroit, although no accurate count was made of birth certificates returned from hospitals, a probably fair estimate of them would be about five per cent of the entire number. These represent chiefly, however, not births of the laboring classes, but illegitimate births, and births among the comparatively well-to-do, who choose to avail themselves of the excellent hospital accommodations.

I am not aware of how recently the matter of midwives has been discussed by you, but it seems to me worthy of attention because of conditions existing at the present time and because of re-

cent legislation in neighboring states. The midwife in this country, as you know, is neither a survival nor a new development. Her occurrence is merely coincident with that of a foreign laboring population which in Europe has for centuries been accustomed to employ her, and in so doing to have the assurance of her proficiency given by State regulation. Hence the number of midwives will not tend to decrease while the foreign population of the State is increasing, as it is with the increasing industrial developments of the State. In fact, if we may judge from the experience of the older States, as New York and Ohio, their number will increase.

Since the new law for registration of births went into effect, it has been possible to get much more reliable information as to the extent of practice and the number of midwives than ever before, although it may still be doubted whether all the midwives of the State have been reached by the officials, and whether, when reached, they are as a class as conscientious in the matter of reporting births, especially illegitimate and still births, as are physicians. For example, letters from physicians in several different counties in the State stated that there were midwives practicing in their vicinity, where examination of the birth certificates from those localities failed to show one signed by any one except a physician or father. Also the latest Detroit Directory showed in the classified list of midwives the names of several whose names did not appear on birth certificates.

Through the courtesy of Mr. W. F. Petrie, Chief of the Division of Vital Statistics of the Department of State, the writer was allowed to examine the eleven thousand nine hundred and eighty-seven birth certificates returned in January, February and April of this year and covering respectively the preceding months. Of these, fourteen hun-

dred and fifty-five, or 12.23 per cent, were returned by women either signing themselves as midwives or who, from the fact of their turning in more than one certificate in these months, were evidently acting as midwives. Aside from these, about two hundred certificates were signed by women as grandmothers, nurses, neighbors, friends, or without designation, and a somewhat larger number (no complete count of these was made) were signed by fathers. These last were more numerous in counties that returned a number of certificates signed by midwives.

The results of the examinations from several cities and counties with variously high percentages of foreign born populations, viz., Detroit, Grand Rapids, and Ishpeming, of cities; Gogebic, Chippewa, Cheboygan, Clare, Saginaw and Gladwin of counties, showing the state of affairs where foreigners form one-fifth or more of the population, were as follows:

Cities.	Foreign born Population.	No. of Birth Certificates for three months.	Signed by Midwives.
Detroit	51 %	2082	512, or 24.6%
Grand Rapids.	37 %	537	88, or 16.5%
Ishpeming	81.9%	112	24, or 21 %
Total		2731	624 or 23 %
	18.3%		
	24.8%		
	23 %		
Counties.....	28.10%	784	225, or 28 %
	18.6%		
	49.3%		
Cities & Co.'s..		3515	849, or 24.33%

That is, the annual rate of births attended by midwives in these localities is 3,400. Dickinson, Manistee, Bay, and other Upper Peninsular and Northern counties were equally large in percentage of returns signed by midwives. The Central and Southern counties, as Branch, Barry, Clinton, Cass, Eaton,

Ingham, Jackson and Kalamazoo, with a foreign-born population of only 10%, showed almost no birth certificates signed by midwives.

But the question may be raised, "Do these women signing birth certificates as midwives take full charge of obstetrical cases, or are they mere obstetrical nurses?" In Detroit, calls were made by the writer on twenty out of the forty whose names and addresses appeared on birth certificates (the selection being entirely a matter of geographical convenience), and in each case the midwife, or some person in the home with whom orders for the services could be left, was seen. All but two had signs in front of their houses, usually in two or three languages, advertising themselves as midwives. All, without exception, claimed to take complete charge of normal obstetrical cases without a physician.

From Grand Rapids, I received trustworthy information to the effect that genuine midwives were practicing there, and replies to letters of inquiry sent out to a number of physicians in Northern and Upper Peninsular counties, gave the same information. From Benzie County, Dr. Ellis reported that an active society had gotten rid of them, and from Calumet it was reported that most of the so-called midwives called in a doctor, so were merely obstetric nurses. Just why in such cases the midwives sign birth certificates, and 23 per cent* from Houghton county are so signed, I am unable to state; but for the above reason Houghton county was not included in the figures given.

In the lumber regions, and in the newer and less prosperous farming communities, where a number of certificates are signed by midwives, there seems to

The per cent for Houghton Co. was incorrectly stated at the Saginaw meeting. The correct figures are: Total birth certificates for the three months, 567. Signed by midwives, 133.

be a different condition existing from that in the cities and in the mining regions, in that a relatively large number of women sign birth certificates as midwives and turn in respectively but one or two in the three months examined. The natural inferences are that these are not professional midwives, making their living by their practice, and as in many of the cities, trained in foreign hospitals, but are women who, with a little experience, do this service for friends, relatives or neighbors. That their obstetrical service is of any higher order than that of the professional foreign midwife, is, I think, very doubtful.

The fees charged varied from three dollars for very poor people to ten dollars. The usual fee in all localities was five dollars. This included, however, with all but one of those I saw, daily visits to the patients for eight days, at which mother's bed was made, infant bathed, etc., so that for one small fee they received, after a fashion, the combined services of a physician and nurse. This custom of daily case-to-case visits shows also the need for asepsis on their part. It will be seen at once that anything like competition on a commercial basis between physician and midwife cannot exist. Even these small fees, however, given to women turning in ten to fifteen and in one instance as high as thirty-eight to forty birth certificates a month, furnish a larger income than they could gain in other ways: a fact the writer considers is not unappreciated by the men of the families, inasmuch as she found one husband cooking the noon-day meal, another doing the family ironing, and a third washing a Kelly pad and cleaning up an obstetric bag that had been used the night before.

As to length of time in practice, it was claimed that one, a Bohemian, had been in Detroit thirty-five years, and in that time had attended 11,000 cases. She was confidently asserted to be known all

over the city and to be better than any doctor.

A few observations made in the course of these calls may be interesting as showing the need of a thorough investigation of their practice.

1. All were foreigners, Bohemians, Poles, Germans, and Russians; some were unable even to speak English. In general, their appearance was that of the class of women they serve; many were themselves housewives.

2. The homes of three were neat and clean, of thirteen rather dirty, and of four, filthy, with unswept floors, dirty unmade beds and bedding, piles of soiled clothes in corners, food remains on furniture and window sills.

3. Four claimed to turn abnormal cases over to the physicians; three to use instruments and to care for all kinds of complications.

4. Not all were asked regarding abortions, but three stated that while they didn't do it themselves—oh, no, it was dangerous,—they sent their patients to physicians who could do it with perfect safety. One said she did it during the first month, but not later.

5. One had an office in her home, a small room containing a couch, a stand on which there was a wash basin, bottle of antiseptic tablets, and a large glass doored cupboard, the shelves of which held instruments, jars of iodoform gauze, and many labeled bottles, among them extract of Golden Seal and fluid extract of Ergot. Possibly this particular midwife bought pound bottles of Golden Seal for her own use, and had the gauze, etc., for display, but they seemed to indicate other things. The three or four advertising in the Detroit papers turned in comparatively few certificates.

The law of this State does not recognize a midwife other than a legally qualified physician and surgeon, and these

women are not licensed, registered or examined, but may enter a rather lucrative profession with no capital, experience or character, entirely at will.*

In New York, our most foreign city, the recent investigation by the Assistant Secretary of the Public Health Defense Bureau, an abstract of which report to the Academy of Medicine, many of you doubtless read in the Journal of the American Medical Association, showed that forty-two per cent of the birth certificates returned were signed by midwives, who were proved to be so ignorant, immoral and incompetent that, on the basis of this investigation, a bill was immediately drawn up and introduced into the legislature to regulate the practice.

Of our neighboring States, Ohio, Indiana and Illinois provide by law for the examining and licensing of midwives; and Wisconsin now has such a bill before the legislature. Massachusetts expressly forbids the practice of midwifery by any other than a legally qualified physician and surgeon, and has recently successfully prosecuted an Italian midwife, her conviction being affirmed by the Supreme Court of the State. The balance of opinion in those States that have taken up the matter seems to be in favor of licensing and regulation. Fourteen other States recognize them by expressly exempting them from the provisions of the medical act.

It has not been my purpose to give anything like an exhaustive study of the situation; but to bring before you for discussion the question of what shall be done with and for this large class of obstetric patients.

1. Is it possible or even desirable to keep this practice entirely in the hands of the medical profession, to the exclusion of midwives, and can it be done

without its becoming an actual burden to the profession?

2. If midwives are to be allowed to practice obstetrics as they now do, should not a thorough investigation be made, with a view to regulating their practice; first, as to their qualifications, experience and character; second, as to whether they restrict their practice to normal cases, or, as has been found in other States, they use drugs, prescribe for diseases of women, use instruments, and care for abnormal cases; third, as to their asepsis and the occurrence of puerperal asepsis in their practice; fourth, as to the condition of their equipment and the occurrence of abortions and still births in their practice.

Since the conditions vary so widely in the State, the practice of midwives being negligible in some sections, and amounting to one-fourth (and in some instances more) of all the obstetric practice in others, it would seem that legislation similar to the subjoined act, now pending in the New York legislature for the regulation of the practice of midwifery in New York city, and empowering either the state or the local Boards of Health to adopt such rules, regulations and ordinances as might be necessary to properly regulate it in different localities, would be advisable.

Copy of Bill.

STATE OF NEW YORK.

3d Rdg. 532.

No. 1514.

Rec. 249.

In Senate, April 30, 1907.

Assembly bill No. 1322, introduced by Mr. Gluck—read twice and referred to the Committee on Affairs of Cities—reported favorably from said committee and by unanimous consent ordered to a third reading, recommitted, retaining its place in the order of third reading—amended and ordered reprinted as amended, and when printed to be recommitted to said committee.

AN ACT—Regulating and Restraining the Practice of Midwifery in the City of New York.

*Since the completion of this paper the writer has been informed that there has been in Detroit for many years a city committee for examining midwives, but that none has been examined in recent years.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The department of health of the city of New York is hereby vested with power and authority to adopt rules and regulations and adopt ordinances governing the practice of midwifery in the city of New York, including rules and regulations and ordinances for the admission to said practice, the exclusion from said practice, and the regulation and inspection of midwives and the practice of midwifery generally, in the city of New York.

Sec. 2. As used in this act the practice of midwifery means the offering or undertaking by any person to assist for a compensation of any kind a woman in normal child-birth, but it does

not include at any child-birth the use of any instrument, nor the assisting of child-birth by any artificial, forcible or mechanical means, nor the performance of any version, nor the removal of adherent placenta, nor the administering, prescribing or employing in child-birth of any drug other than a disinfectant. This act shall not be construed as applying to any practitioner of medicine duly authorized to practice medicine and registered according to law, nor shall it authorize any midwife to practice medicine.

Sec. 3. Any person who shall practice midwifery in the city of New York in violation of any rules, regulations and ordinances promulgated by the department of health shall be guilty of a misdemeanor.

Sec. 4. This act shall take effect immediately.

WHAT THE PUBLIC SHOULD KNOW CONCERNING VENEREAL DISEASE.*

LOUIS J. HIRSCHMAN, M. D.,

Detroit.

When requested by the Secretary of the Kalamazoo Academy of Medicine to address this audience on some phase of the all-important question of Social Hygiene, I accepted the invitation with great satisfaction. I was indeed glad to learn that the medical profession and the laity of the City of Kalamazoo were joining hands to fight the greatest peril which overhangs our civilization of today.

In a number of our large cities similar meetings have been held and societies have been formed for the study of this subject, and to devise some ways and means to commence the battle. The New York organization, called "The Society of Sanitary and Moral Prophylaxis," was organized two years ago with

over a thousand members, of both sexes, including physicians, clergymen, educators, business men; in fact, men and women from every walk of life. This organization has issued pamphlets for public instruction, carefully prepared by physicians most competent for the purpose. One of these pamphlets is entitled: "The Young Men's Problem"; another "For Teachers"; and the third, "The Relation of Social Diseases with Marriage, and Their Prophylaxis," and they are already accomplishing some good.

The second meeting held in this country was held in Detroit a year ago last December, and provoked considerable discussion from others outside of the medical profession, and started the ball rolling in Detroit.

It is peculiarly fitting that a subject

*Address delivered at a public meeting on Social Hygiene under the auspices of the Kalamazoo Academy of Medicine, at Kalamazoo, January 14, 1908.

such as this should first be introduced to an audience composed largely of those outside of the medical profession, by a member of that profession, who comes closest in contact with the awful consequences which result from ignorance, or viciousness, or both. Not a day goes by but the physician, no matter what special line of work he is following, sees one or more cases who consult him as the result, directly or indirectly, of infection from venereal disease. As I have stated before, it is the most serious problem that society has to deal with today, and the most menacing peril which confronts our civilization.

In order that you may have some faint conception of the widespread distribution and the nearness to home of this menace to our morals, our health and our very existence, a few figures might be of some interest at this juncture. I might say, before proceeding further, that one of the greatest obstacles heretofore to a thorough mutual understanding of this important subject, as well as many others, between the physician and the layman, and among the laity themselves, has been a lack of complete frankness, and the existence of prudery, or so-called "modesty," in dealing with it. In this address I will speak quite plainly and endeavor to make the few points that I wish to bring before you sufficiently lucid that I hope, when I have finished, that the question of venereal disease, its existence, its dangers, its consequences and its prevention may be considerably clearer to many of you than it has ever been before.

Ignorance of what venereal disease really is has been the greatest stumbling block in its prevention heretofore. "The essential factor for protection from disease is knowledge, and we must be aware of a danger in order to know how to avoid it. Houses in which contagious diseases exist are usually placarded, so that the public may know of their pres-

ence. Venereal disease, the most widespread, the most contagious of all, should be the most easily avoided, because, as a rule, the individual voluntarily exposes himself to infection. It would seem that in order to escape infection it would only be necessary that he should know of the real danger to him; but he does not receive this knowledge, or when he does receive it, it is usually too late."

"There has been considerable agitation in the last few years regarding the dangers of tuberculosis, 'The Great White Plague,' and societies for the study of tuberculosis have been formed and are being formed all over this great land. Yet venereal disease, whose dire influence upon mankind is far greater than that of tuberculosis, is met by a conspiracy of silence. Society aims to conceal the very existence of these dangers. This, in part, is due to the fact that these are looked upon as shameful and disgraceful diseases, and the sufferer justly punished for his sin; but this view of the matter entirely overlooks the most important and most deplorable fact that to the greatest extent it is the *innocent* who suffer."

I will not burden you with many statistics. The few figures that I will quote are conservative if anything, as in diseases of this kind it is absolutely impossible to get a correct census, but from the available sources they are bad enough; the actual figures would be far worse if they could be known.

The two principal venereal diseases are gonorrhea and syphilis. Gonorrhea—vulgarly called "Clap" or a "dose"—is of course the most prevalent, and is usually, unfortunately, considered by the victim as "of no more consequence than a simple cold." Syphilis is known vulgarly as "Pox" or "Chancres." It is stated, on good authority, that 80 per cent of our adult males suffer, at some time or other, from gonorrhea, and that 10 per cent of our adult population, male and female,

suffer from syphilis. It has been estimated by the committee of fifteen of New York that in that city alone there are 200,000 cases of venereal disease annually. Stop and think what the above statement means. Eight out of every ten young men of your acquaintance are morally unclean and physically diseased; one out of every ten of your friends is tainted with that most dread of all scourges, syphilis.

From these figures you will see that venereal disease, far from being a disease solely of the lower classes, of the ignorant and vicious, is found in all classes and in all grades of society.

Ninety-five per cent of all operations upon women for suppurative conditions in the abdominal cavity are the direct result of gonorrheal infection, innocent in most cases on the part of the victim, contracted from a husband who very often considered himself cured for years. Fifty per cent of all abdominal operations on women are the direct result of venereal infection, and 80 per cent of all deaths from pelvic diseases in women are directly due to gonorrheal origin.

The following story from real life can be duplicated many times over by any physician.

"Miss Rose ——— was a little over twenty-two. She was a bright, cheerful, happy girl, and this was her happiest day. Not only because on that day she was graduated from Barnard College with high honors, but Edward—dear Ed., whom she loved and looked up to for so many years, had proposed last night, and the passion, romance and aroma of that proposal still lingered with her. And how the plans and hopes and dreams kept chasing each other in her active fertile brain. She had decided where they would live, where they would spend their summer, how she would bring up her children, etc., etc. And Ed was a husband to be proud of. Though but twenty-eight years old, he had already achieved eminence in the legal profession, and his practice was more than he could attend to. And he was one of those rare specimens, a truly honest lawyer. Not honest in the legal sense, but hon-

est in the true human sense. And kind-hearted, a gentleman in the noblest sense of the word and an all-round athlete. A man to protect a woman from every possible care and to make her happy as long as she lived. So thought Rose, and she was right.

"They were married in October. They expected to stay away three months on their honeymoon, but they returned after about three weeks. Rose was not feeling well, and traveling and staying in hotels didn't agree with her. She looked rather tired and fagged out, but that was natural. It was not natural, however, that after a week's rest she did not show any improvement. On the contrary, she began to look somewhat haggard. She had a little irritation in the genito-urinary tract, increased frequency of urination, etc., but as this is not unusual in newly married women, it was not considered of sufficient importance to consult a physician. Things continued this way, getting a little better and a little worse, until the beginning of January. On the fifth of January she was taken violently and dangerously ill. Severe abdominal pain, very rapid but hard pulse, and threatening collapse. The physician who was called in diagnosed the case as ruptured tubal (extra-uterine) pregnancy. A consulting surgeon was called in, and it was decided that in order to save the patient's life an immediate operation was necessary. And, though it was midnight, the patient was quickly removed to the hospital and operated upon. No signs of extrauterine pregnancy were discovered, but about three and one-half pints of a blood stained and somewhat purulent serum were removed. An examination of this serum demonstrated the presence of millions of gonococci (the germs of gonorrhœa). We had to deal here with a case of fulminant gonococcal salpingitis. Both tubes were thickened and inflamed and they were removed. And so was the now useless womb. The operation was a "success," i. e., the patient recovered.

"A confidential talk was had with Mr. Edward. He searched his memory for a while—yes, some two years ago he had a very mild attack of—he did not know whether it was gonorrhea or something due to a "strain." It was very mild, it didn't bother him much, he went to his physician who gave him an injection, and he was all right in three or four weeks. He never attached much importance to that attack, and it had escaped his memory entirely. An examination of his urine, however, demonstrated the presence of shreds,

and while no gonococci could be found in the urine, they were demonstrated in the expressed secretion from the prostate and seminal vesicles. The despair of Mr. Edward at learning that he was the unwitting cause of the tragedy can better be imagined than described.

"Rose recovered, but you would hardly know her if you saw her. She aged ten years in ten weeks. She is making no plans, she has no hopes, she is dreaming no dreams—not for the present at any rate. Never again will she be the happy Rose that she was before she became Mrs. Edward. Never will her home be gladdened by the noise, romp and laughter of little children.

"Who is to blame? Nobody. Rose certainly is not, nor is Ed, for he certainly would have had his right hand cut off—and his left one too—rather than cause the woman whom he loved above all else in the world any pain or suffering. But he "didn't know," and we cannot be blamed for things that we do not know, and that we never were told that we ought to know. Should we blame those who insist that all knowledge of sexual matters be kept away from the people? Perhaps, but even they are more to be pitied than blamed. For they are generally sincere in their beliefs and we cannot blame them for their ignorance.

"No, nobody is to blame, but it is the duty of those who see the light to spread the knowledge of sexual matters and of the dangers of venereal disease before the people, so that tragedies like those that have struck down our friends Rose and Edward may become rare or impossible in the future.

"It should be an absolute law that every man who indulged in promiscuous intercourse, no matter how rarely, should have his urine and his prostatic secretion examined before marrying. This, even if to his knowledge he never had gonorrhea. For there are gonorrheas without any subjective symptoms, gonorrheas in which the gonococci remain dormant, only to awaken into virulent activity at the first opportunity. And newly married life is such an opportunity!"

Fournier, of Paris, France, the greatest living authority on syphilis, states that of all the women who come to him suffering from syphilis, 20 per cent are married women, and they have been infected by their husbands. "Out of 312 cases of syphilis in married women, in 218, or

about 70 per cent, it arose from syphilis contracted by the husband before marriage; and in 94, or about 30 per cent, it arose from syphilis contracted by the husband subsequent to marriage. Professor Fournier finds that in 154 cases where the wife was contaminated by syphilis acquired by the husband prior to marriage, the manifestations of the disease appeared in no less than 117 of wives thus contaminated during the first six months after marriage, while in only 13 did they appear in the second six months, and in 9 in the course of the second year. Equally significant is it that in three cases the first symptoms manifested themselves as late as the sixth year of marriage, in two in the seventh, and in two others as late as the eighth and ninth years respectively. Some cases of early contamination after marriage were due to a syphilis in a state of incubation in the husband, acquired as the result of a traditional and dangerous ceremony where a sensual orgie is participated in as a preliminary to the lawful indulgence of matrimony. A still greater number of early cases were due to husbands marrying with syphilis in the full tide of secondary manifestations." It is estimated that 60 per cent of the unwillingly sterile and fruitless marriages are directly due to gonorrhea; 98 per cent of all children who become blind in infancy are the innocent victims of gonorrheal infection from one of their parents, transmitted during their journey from the mother's womb to the outer world, and from 20 to 80 per cent of the inmates of asylums for the blind (depending on the country from which the statistics were gathered) have also been robbed of their sight by gonorrheal infection. Seventy-five per cent of all cases of so-called inflammatory rheumatism, which often results in permanent deformity such as a stiff elbow, stiff knee, stiff wrist, are really not rheumatism at all, but arthritis, or inflammation of the joint

caused by gonorrhea. More than one-half of the men beyond middle age suffering from that "hell on earth," enlargement of the prostate gland, are the victims of the after effects of supposedly cured gonorrhea. All of the victims of stricture, and many of those of tuberculosis of the genito-urinary tract, can trace the beginning of their affliction to what was supposed to be a "simple, light attack of gonorrhea." A great many men who have secured divorces on account of the sterility of their wives are themselves the guilty culprits, their procreative power having been destroyed by previous attacks of gonorrhea and its complications. A prominent specialist states that there are more cases of gonorrhea among virtuous wives than in all the prostitutes in this country.

Almost without exception, every case of apoplexy occurring in a person below 45 years of age is of syphilitic origin. Ninety per cent of all cases of locomotor ataxia are due to syphilis, and 4 per cent of all syphilitics are afflicted with locomotor ataxia. This was strongly proven by Dr. Minor, of Moscow, who found that his patients of the Hebrew race were strikingly free from syphilis and also from locomotor ataxia.

Our insane asylums are filled with various types of insanity due to syphilis. Paretic dementia, or what is commonly called paresis, is almost always caused by syphilis.

Several years ago a minstrel troupe was being shown through the Eastern Michigan Insane Asylum at Pontiac. As they strolled through the different wards in company with the medical staff, one of the members of the troupe, entering the department—one of the largest in the asylum—devoted to those suffering from paretic dementia, casually asked the doctor with whom he was walking,—

"Doctor, what is the most common cause of this horrible form of insanity?"

The doctor replied: "Syphilis," where-

upon his interrogator dropped to the floor in a dead faint. Thus was the lesson brought right home to another victim of the dread disease.

Forty per cent of all abortions, not produced criminally, in this country, are the result of syphilis. Children born of syphilitic parents either die young or become physical and mental degenerates, innocent victims of their fathers' crime.

In the United States Army and Navy, in the last year, 28 per cent of non-effectives and 18 per cent of discharges were directly due to venereal diseases.

Sixty per cent of all abdominal operations done upon young women, within the first year or so after their marriage, are directly due to infection from the husband who may have conscientiously believed himself to be cured from a gonorrhea which was acquired perhaps years before,—as has been well illustrated in the story of Rose and Edward. Many women who do not die from abdominal operations done for suppurative conditions due to venereal disease, are consigned to a living death, a life of chronic and permanent invalidism, due to infection from gonorrhea.

I might go on in this strain for some time, but I believe that you have been put in possession of a few facts which will bring out perhaps in a more emphatic manner how prevalent venereal disease is today, and how awfully its consequences are visited on the innocent as well as the guilty. No eloquence which one might bring to bear upon the subject would have such force as these figures, which are founded on absolute facts. Of course, a small proportion of the victims of venereal disease acquire it in an innocent and extra-genital manner; that is, one may acquire either disease from infection from unclean towels. Syphilis has been acquired in the barber shop, from the public drinking cup, the common communion cup, from kissing one who is afflicted with the disease,

from occupying the same bed, and many other ways in which one may come in contact with the fresh infective material itself.

Less than 100 years ago small-pox was prevalent all over the world; today it is almost extinct. Twenty-five years ago diphtheria claimed over 60 per cent of its victims, it was epidemic everywhere; today diphtheria is securely shackled by increased knowledge of the disease and its prevention, as well as the curative value of antitoxin, and less than 3 per cent of its victims are carried away. Within the next quarter century tuberculosis, "The Great White Plague," will be under just as secure control as diphtheria. The medical profession, assisted by an intelligent and willing laity, is slowly but surely stamping out one after another of the infectious diseases.

What of venereal disease, which is a disease not only of the body but of the morals as well? We believe that the world is getting better in a great many ways. Honesty crops out more frequently in business and in professional life; people are becoming educated earlier and in greater numbers. May we not hope that, with education started at once, and kept up in a proper manner, in the next half century perhaps venereal disease will be under control? It seems like a hopeless task, but other tasks which have seemed just as hopeless have been accomplished by making a beginning.

The beginning must be made, now, by you and by me, by the laity and the medical profession. The Church, the University, the Home, the Press, the Public—all must join together with the one great common end in view, to save our civilization and society from being dashed to pieces on the rocks of physical and moral disintegration!

How are we going about it? In the first place, we must strike at the root, and do it early, and our one great powerful weapon is not physical, is not theo-

logical, but educational. We must start with the child as well as with the parent. We must first take our own profession, the medical profession, rouse them up to the fact that just the same as they are laboring to prevent diseases along other channels, through the propagation of sanitary ways of living and the teaching of hygiene and the prevention of disease in general, they must educate the parents and the teachers, and the parents and the teachers must educate the children.

One hears parents objecting to instructing their children in matters pertaining to the mystery of life, to sex relations and the propagation of mankind; and yet, while these very parents are hesitating, the children are receiving their instruction in a most vicious manner from their companions of the gutter and the school-yard.

Where did you, gentlemen, get your first instruction, your first knowledge of sexual matters? Did you get it at home? Did you get it at school? Did you get it at church? No. I will venture to say that every man in my hearing got it just where many of us got it—in the school-yard, or on the street, in the worst possible manner.

Dr. Albert E. Sterne, of Indianapolis, in an article along these lines, says:

"Several habitual indulgences usually go hand in hand with those of the sexual sphere, and they are likely to begin rather early in life, at a time when the mind of the boy, and to a lesser degree of the girl, is peculiarly receptive to impressions of all kinds. Not uncommonly these indulgences date from the school-room days—not as a matter of curriculum, but of companionship. Only too frequently lads in the early adolescent period, even in the early teens, are guilty of conversations replete with unpublishable anecdotes, which are apt first to have been heard from older boys or men—more's the pity. In the developmental years, it is easy to inflame the fancy of almost any boy. From mere lascivious pictures, fostered by salacious tales, it is but a step to the awakening sexual instinct, in most boys easily and early aroused, especially associ-

ated with long hours of sitting in the school-room which in itself is likely to provoke a certain degree of passive congestion of the genital organs. In nearly every school there is at least one vicious boy who is apt to be peculiarly fascinating to his fellows, who readily acquires a following among lads of as weak or weaker mental mold than himself. He gives the impression and the others quickly acquire it—that to be a "man" is to assume not the noble, but the ignoble elements of manhood. His preaching is pernicious and, appealing to the sensual, likely to find ready acceptance among boys—even among those who have refined home surroundings. It becomes the "thing" to smoke cigarettes; to talk lustful subjects; to read smutty tales; to indulge in more or less onanism—not by any means always secret—and finally to seek actual sexual intercourse, first among comparatively decent girls, soon in company of other boys among women of older years, whose experience in such matters completes the primary cycle of salacity."

We are not confronting a theoretical danger to our young and to ourselves; we are confronting absolute facts, and it will do no good to bury our heads in the sand, like the ostrich, and say they do not exist, or it is not as bad as it is supposed to be, but we must face them squarely, bravely and consistently. Parents must be taught to teach their children at an early enough age so as to anticipate the school-yard teaching; if they do not feel equal to the task—and they should make themselves equal to it, for they are the proper ones to impart this information—the family physician should be called in. The child should be told, in a quiet, dignified way, about life in the vegetable kingdom, and then in the animal kingdom; they should be told about their physiology, including the physiology of the sexual organs, and the way in which children are borne into the world. They should be told what a beautiful thing the creation of the human being is, and how it is a sacred duty of parents to bring forth children into the world; they should be told of the dangers of the loss of the ability to bring forth

children through venereal disease, and how willful abuse of the functions of the genital tract should be guarded against. They should be told of the dangers which befall young boys and young girls from evil associations, and that the result of such associations may be the loss of the power of becoming parents when they grow up.

I believe that it can be put in such a manner that it will be a lesson which will stick just as much as a great many others which are taught at the same tender age. What young boy or young girl of nine or ten would think of walking out on the street naked? He is taught, and it becomes a part of himself, that one's person must not be exposed at any time, and it becomes natural for a child, instinctively, to keep his person covered. This could be carried further, and the writer believes that children, if instructed in the proper manner at home, will instinctively repel all suggestions made by other less fortunate children of a vicious nature.

One of the best articles along this line that has come to the writer's notice was a talk on Sex Relations by Rev. N. E. Boyd, of Boston, which was given under the auspices of the Moral Education Society, and the Ladies' Physiological Institute. I will quote somewhat from this talk, insofar as it pertains to the way to impart knowledge to children on the mystery of life. He says:

"Children begin early to put questions about the origin of human life, and they are then entitled to straightforward, satisfying answers. It is right and proper for them to ask; it is also right and proper for their elders to tell—tell truly, simply, clearly, with tender seriousness and reverence, too.

"Dodging the child's question, or answering it evasively, at best fails to satisfy its curiosity, leaving the ground unoccupied, for the future reception of bad or good seed, as the case may be—with the chances in favor of its being bad. Thus you leave 'the unsullied chambers of its brain,' which should be filled with angelic tenantry at

the first opening, to be possessed of any devils that may happen along. But generally the matter is so bungled as to inflame the curiosity, which was natural and wholesome, until it becomes morbid and guilty, and courts the demoniac influences which wise teaching might have neutralized and repelled. When your distrustful reserve has forbidden the little ones to give you their confidence in "delicate" matters—the very ones regarding which you should make a special point of winning and keeping it—they are not only left exposed, unarmed, to temptation and corruption, but precluded from seeking your guidance when they are in doubt, or help and comfort if they get in trouble; they are prepared, I may almost say driven, to fall a prey to those vile quacks whose advertisements deface the columns of low papers, further mislead the erring, impose upon the ignorant, and even poison the innocent and unwary.

"Enough of how not to do it. Now for the right way.

"TELL KINDLY, FRANKLY, REVERENTLY.

"Suppose an infant brother or sister appears in the house. The elder child (perhaps only two or three years older), interested and delighted, wants to know, 'Where did you get baby? Where did she come from?' Then is the providential moment to tell the guileless, candid little seeker, 'Dear, she grew inside of mother; she had been growing there this long time—almost a year.'

"If the next inquiry should be, 'How did she grow?' You might answer, 'Oh, as an apple grows upon the tree. You remember how I showed you a little bit of a knob on the branch of our apple tree after the blossoms fell off last spring, and how it grew bigger and bigger, and kept sucking sap from the old tree, till it got as big as your fist, as big as my fist, and by and by it got so large and ripe it could not hang on any longer, and then off it dropped! Well, that was somehow the way with baby sister; only instead of hanging on a limb, she grew in a little pouch in dear mother's body, and when she got large and ripe enough she was born.'

"Should our young inquirer still ask, 'But how was she born?' he might be told (still and always with simplicity and reverence on the teacher's part), that 'mother's body came open and baby was pushed out.'

"All this—and more, if need be—kindly, purely, seriously. There is nothing in such inquiries and answers that need raise a laugh or blush.

"Yet, to guard against giving what is holy to dogs, nay, more, against offending those who are as yet weak and unable to hear, it would be well, while inviting free inquiry and thorough confidence from our children and pupils, to caution them somewhat as follows: 'You can always ask me about these things; I will be glad to have you, and will tell you the best I know. But do not speak to anyone else about them, wait till we are alone together. And if you hear anything said about babies growing and being born, that you haven't heard before, always come to me about it, and find out if it is true.'

"I would not try to tell more than is asked for; but would simply appease curiosity for the time being with truthful and enlightening answers, leaving the child encouraged to inquire further when new questions arise in his mind. I would not hesitate, however, to exhibit and explain anatomical plates and manikins, if they were within reach; I would slake the thirst for knowledge with the physiological facts; particularly as play-mates and bed-fellows often discover the most obvious differences of sex, and presently ask why little girls are made different from little boys.

"Such interrogatories bespeak the most candid innocence. Then do you—with a silent thanksgiving that the young mind is thus pure, plant in that virgin soil the good seed of chastity and righteousness. This is the golden moment for teaching the true office of the sexual organs, namely, that they are for making human beings; that they are very precious and sacred; that it is not right to try to use them until they are fully grown and fit for their important work; and that even then people must do so only when he and she love each other so dearly that they wish to make a home together, and are all ready to take care of baby when it comes.

"One morning a young mother, leading her seven-year-old twins by the hand, entered the lecture room of Dr. S——, in Paris, just as he had dismissed his class, and politely asked that herself and children might be shown the large anatomical plates of the human body. As one after another was exhibited and explained, the plate showing the womb in the seventh month of pregnancy with twins came in order; and as the doctor was hastily withdrawing this without comment, the mother said: 'Please do not lay that aside; it is the one of all others I am most anxious that my children should see. Be so kind as to explain it fully to them.' And placing her little sons directly in front of it, she said, 'You know,

my darlings, I have told you that some day I would show you a picture of the little room in my body where you lived and slept so long a time before papa or I saw you. We can't help loving one another as we do, when you see how close to mother's heart you both lay for nine happy months. By that time you had grown too large to be comfortable in that warm little room, and then it opened for you to pass out into my arms. Dear little sister lived there, and came to us in the same way; and all little babes have such homes in their mothers' bodies until they are old enough to leave it.' Dr. S—— was moved to tears, and said to her: 'Madam, you have given me, as well as your children, the best explanation of that plate that was ever made. I cannot add a word.' And as she left the room, "Ah," said he, "I need have no doubt as to the kind of men those sons will make, with such a mother and her pure instruction."

"The knowledge that one mother had so thoroughly understood and performed her duty to innocent childhood stimulated me," said Dr. Boyd, "to tell my sons, at an early age, the simple truth in a similar manner. And now, in their early manhood, the uprightness of their character and the purity of their lives, their daily devotion to mother and all womankind, is a glowing testimonial in favor of intelligent truth against falsehood and deception."

"Let us give the young people, from the very outset, definite as well as ennobling views of sexual facts and duties. The subject is sure to be thrust upon their attention sooner or later, to be canvassed either openly or clandestinely, with the upward or with the downward look. Then, let their first impressions (which are proverbially the abiding ones) come fresh and sweet from the wise and good, not foul and poisonous, from some ignorant and corrupted source. Do not let the enemy get in his tares before your wheat. And never tell of wickedness at all unless or until you have to; but let the good impressions come as early and get as firmly fixed as may be. Remember that the seed time is made known by the first questioning; and the sooner ideas of continence and chastity are implanted, the more likely are they to become rooted, abiding principles. And again I say: Do not let the enemy get in his tares before your wheat."

"Were our young folks treated in the manner sketched above, would they not be prepared to meet the tests of later life understandingly, re-

ligiously, triumphantly? When, at the age of puberty, desire awoke, would it not be better interpreted and controlled? Would not the youth view the portion of his nature now unfolding as a function to be trained and disciplined and hallowed? Would not the maiden reverence her maternal power? Would not each be wiser for both, 'forbearing one another in love'—saving each other from all the unwholesome excitements and risks to which fond ignorance too often exposes lovers?

"By and by, it may not be for ages, but by and by humanity shall learn the lesson that we abstain from all impurity; that we know, every one of us, how to keep our body in sanctity and honor, not in passionate desire."

I do not believe in school-room education on subjects of this nature, because where one addresses large numbers he is apt to lose the personal interest of each member of the class, and very often more harm than good is done. Nothing can take the place of individual instruction from parent to child. Where education is undertaken in the school, two or three young boys or young girls, of somewhat similar disposition, should be taken together, and a heart to heart talk given from teacher to pupil. They should be allowed to ask questions and these questions should be conscientiously and faithfully answered. The child will then see, and believe and know that he is being told the truth, and any suggestions coming from evil-minded companions will not carry much weight. As children grow older they should be taught, by physicians of their own sex preferably, more about the physiology of their organs, including the sexual organs. Young boys should be taught that, as puberty comes on, their powers of reproduction become established; they should be told then, and it should be emphasized, the danger of the loss of such power through the contraction of venereal disease. Young boys and young men should be taught that absolute sexual continence is perfectly compatible with perfect health, the teach-

ings of their companions and associates to the contrary notwithstanding. They should know that "seminal emissions," so-called "night loss" or "wet dreams," are simply natural physiological discharges, and are as natural to the healthy man as menstruation is to the woman.

The advertising matter of the quack and the charlatan is filled with dire warnings against the dangers of these "losses," and the young man's mind is early poisoned by such literature, and great harm has been done.

A writer in the New York State Journal of Medicine was asked how a man who had the sexual instinct highly developed and had sexual desires could keep from remaining continent and be healthy. I will quote from his reply as follows:

"The best interests of the individual, of the home, and of society, demand that man shall cohabit with none but his wife; in other words, if a woman is not his wife he shall not cohabit with her. This is a simple rule; it will stand the test of analysis; it is easy to remember; and should be taught along with the reasons for it to every boy and girl who reaches puberty.

"Every infringement of this rule makes for ill. The penalties and dangers in its violation I should enumerate as follows. They are: The moral and social degradation of a woman who otherwise would live rightly; the danger of causing disease in such a woman; the encouragement by example of a practice which stands pre-eminent as the great cause of social unhappiness; the subtraction of just so much joy and devotion from the woman who should or will stand in the proper relation of wife; the possibility of the propagation of illegitimate children; the strong probability of contracting venereal disease; the danger of transmitting physical or moral blight to one's offspring; the development of vicious habits; the cultivation of immoral society; the wasting of time and energy in unprofitable company; the social harm to one's self and family; the mental and moral harm which springs from acting in secretiveness and shame; the contracting of the concomitant vices which go hand in hand with venery for venery's sake; and the post-

ponement of the organization, or the weakening of the strength of that most potent factor in the solidarity of society—the home. These are strong reasons against extramarital sexual intercourse; and each is susceptible of most serious consideration. Moreover, to these should be added the fact that sexual intercourse is absolutely not necessary at all for one's health: the suggestion that it is necessary is only repeated and passed along by the offenders, who desire an excuse for their own weaknesses.

"Concerning the specific case in question—the man who practices what he knows is wrong and harmful—there is just one thing for him to do, and that is to stop. If he desires to correct his habits, but does not, and is much in a state of sexual excitement, then I should say that one or more of three things is the trouble: He is either suffering from idleness, the prime promoter of vice; his education and knowledge of the simple things are defective; or he has a mental defect which should receive consideration from the neurologists.

"A man who has a serious hold on the essentials of life, and who is busy with useful work, as every man should be, whose mind is occupied with thoughts of wholesome interests, or whose time is consumed by his vocation, does not suffer the sexual dangers inherent in idleness.

"Every man should have a knowledge of the anatomy and physiology of the sexual organs, and he should be familiar with the meaning and dangers of venereal disease, and also with the objections to extra-marital venery which I have already enumerated. If he is not, his education in the simple essentials is defective. The prudishness which deprives young men of this knowledge is decidedly immoral in its results. The Japanese, among whom men and women innocently bathe in the same pool, are free from prudishness and from the vulgar sense of suggestiveness at the sight of feminine curves, which characterizes the ogling occidentals. For the same reason a boy brought up among sisters has less of this pernicious prudishness which covets the sight of hidden charms. Carlyle has said that the beginning of wisdom is to look on clothes till they become transparent. The man to whose eye they cover a great and elusive mystery is not an educated man.

"I know an unmarried man who has said to himself, 'I shall marry some day; somewhere in the world a woman is keeping her chastity inviolate for me; and I shall do the same for her.'

With this philosophy he dismisses the subject from his mind; the matter is disposed of; he does not bother his head with sexual debates; the question is settled; it can not come up for reconsideration; and he gives himself and his energies entirely to other matters. It is a splendid thing for a man to pronounce a final settlement upon an important question which otherwise might constantly recur and harass his mind. The man with a determined principle has clear sailing. A course of conduct then becomes easy. It is the unfortunate weakling who has not decided his questions, and the man who does not want to decide them, who keep themselves in hot water."

Young girls should be taught of the menstrual function before their menstrual life starts. They should be taught the beauties and duties of motherhood, and they should be told of the dangers which lie in their paths and which they must avoid if they wish to retain that power of some day becoming a wife and mother.

Regarding the education of young men and young women, we have a difficult problem to face. As they grow up in young manhood and young womanhood, their passions are appealed to in a great many ways; the stage, the press and literature of today all teem with powerful vicious, salacious and alluring suggestions. The young man is too often lured into houses of prostitution by his more worldly companions, and before he realizes it, his passions get the better of him and he becomes another victim of venereal disease. His education comes too late!

About a year ago I wrote an article along this line, which was published in the Harper Hospital Bulletin, of Detroit, a publication which circulates only among physicians. In some manner, a copy fell into the hands of a young man in Saginaw, who wrote me the following letter, which is self-explanatory:

"Saginaw, Mich., May 20th, 1907.

Dear Doctor:—

I happened across a Harper Hospital Bulletin

today and read your paper that was read before the Wednesday Night Club at Detroit, March 18th. It was a Godsend to me, and gave me the information that I have been looking and praying for, for several months. If I only had this lesson given to me before, God only knows how thankful I would have been.

I am a young man, 24 years old, and have been working for the ——— Co. eight years. Was born and raised in Saginaw and never had to consult a doctor in my life till last October.

It was one night during this month that I met two boys that I had gone to school with years before, and to talk over old times we selected a buffet and had a few drinks, after which it didn't take much persuasion and I accompanied them to a house of prostitution. It was the first time for me to be led to such a place; I had the looking after of a family, of a mother and three sisters, and a brother, all younger than myself, and seldom spent any money for pleasure.

Two weeks passed and I had to consult a physician, and he told me I had gonorrhea. It nearly broke my heart, for I thought I would be unable to work, which meant so much to me.

I was told not to be alarmed, that I could come out all right. In about a month I broke out with a rash and swollen glands, sore throat and my hair commenced falling out; I was again told not to be alarmed, but that I would be all right in the course of a couple of months; but I didn't seem to improve, getting worse all the time. I changed doctors and was told that I had syphilis in the second stage. I have been doctoring ever since, but don't seem to show much, if any, improvement.

Please be kind enough to tell me whether or not I can be cured, and what course to pursue, as I am in constant misery, and hardly able to sleep from worry it is causing me, fearful of the results it is sure to bring if not properly treated.

What advice can you give to a young man in this condition?

Thanking you most sincerely for this information and advice, and assuring you of my willingness to be governed accordingly, and do all in my power to return the favor should future opportunity present itself. I beg to remain,

Most gratefully,

.....

Here is another wail of anguish from one whose education has, alas! come too late!

A great many young men, who have been taught the dangers of venereal disease, often become the victims of disease in this way: They are told by their companions that every young man, in order to be manly, must have sexual intercourse; that nocturnal emissions, or the so-called "wet dreams" are stigmata of weakness and unmanliness, but they have not been taught the dangers of venereal disease from promiscuous sexual intercourse. They accompany their more worldly companions to the house of prostitution, and are informed that the inmates are examined by physicians and receive certificates stating that they are free from venereal disease, and that as an additional safeguard they may use various antiseptic injections after the seance and thus absolutely prevent venereal disease and at the same time receive all the enjoyment which they are assured by their companions accompany the escapade.

These periodic examinations (?) of professional prostitutes are worse than useless. In the City of Detroit, for instance, the Board of Health formerly had a rule, now abolished, requiring the examination of every prostitute at least once in two weeks, by a competent physician. It has been admitted that each prostitute receives at least four visitors a day, on the average, some as many as twenty-five or thirty in a single day. She gets her certificate on a certain day, showing she is free from communicable disease; ten minutes afterwards she receives a victim of venereal disease, and is infected. From that time on, until the next bi-weekly examination is made, she can infect at least three score, probably many more, victims, who are shown the certificate, believe they are safe, and rush blindly to destruction. Such a certificate is not worth the paper it is written upon ten minutes after the examination, and gives a false sense of security that otherwise might not obtain.

One could devote hours to the discussion of this subject of prostitution and how to limit it, but the scope of this address will not allow me to go into the subject at all.

One cause, the writer believes, for the increase in licentiousness, and consequent venereal disease, is the decreasing number of marriages in proportion to the population. In the struggle for existence, young women, as well as young men, are forced to seek employment at an early age—oftentimes at starvation wages. Friends and acquaintances of these young women—who have drifted astray—flaunt their silks and jewels in the eyes of their less favored companions, showing them what an easy life they lead, how easy money comes to them, how much finer clothes and jewels they can wear; and many a deluded young woman starts on the downward path for no other reason than the desire to wear as much finery as her gaudy, painted sister.

The extent to which public prostitution reaches, in some of the large cities, is astounding. In Detroit, for instance, a city of 400,000 people, there are to the knowledge of the police department, over 125 known houses of prostitution with over 500 registered inmates. There are known to be at least 500 more women who walk the streets and make their living by picking up victims and frequenting houses of assignation. Practically every one of these women has, at some time or other, had either gonorrhea or syphilis, or both. The number of clandestine professional prostitutes of course cannot be estimated, but by the known number it will be seen it allows one for every four hundred of population, or one to each 90 young men between the ages of 15 and 30, and, when one figures that a low average for each is four visitors daily, one can get an idea to what an extent this evil has grown and how large the opportunity for in-

fection is when we remember that over 80 per cent of all young men in cities particularly are exposed.

During the year 1898 I was on the staff of city physicians of the city of Detroit, and during the summer I was called to attend fourteen cases of attempted suicide among the demi-monde. On making inquiry in each case as to the reason for the act, it was usually that the victim was tired of the life she was leading and wished to put an end to the whole business. Upon further inquiry it was found that these women did not go into the life for the love of it, or purely for sexual gratification, but because they had, for the most part, been working at small wages as domestics, waitresses, sales girls, and other like occupations or had been betrayed by a lover, and left with a child to support, and found they could make more money, and more easily, with which to buy fine clothes and jewelry.

The question of starvation wages for female employes is one which the writer cannot touch upon, but is a very important factor in this question. How many women of the so-called better classes demand so much, making marriage so much more expensive, thereby preventing many an estimable young man from marrying early, as he should, have been the indirect result of his satisfying his passions in an illicit manner, contracting venereal disease, and thereby rendering himself unfit for marriage ever thereafter?

I do not wish to exceed the time limit which I have set for myself, and my only apology for the length of this address is my intense interest in the subject, but there is one important matter to which I wish to call your attention before I close, and that is, as a physician, the insistence on the part of parents upon an absolutely clean bill of health from the young man who wishes to marry their daughter. I have seen,

and every physician has seen, so many lamentable instances of the sacrifice of beautiful young lives on the altar of venereal disease that I wish to impress this one point before closing. No man, no matter how apparently perfect and upright, and estimable and moral he may seem, should be allowed to marry any young woman until his entire sexual apparatus has been examined by a competent medical man, repeatedly, and that examination must be thorough, must include a bacteriological examination, and the entire absence of the gonococcus or germ of gonorrhea, and the entire absence of the syphilitic taint absolutely demonstrated. This is a most vital point. It should mean more to the parent than the ability of the man to support the girl in the manner in which she has been accustomed, and should be insisted upon by every parent before giving his consent to the marriage of his daughter.

To show you how this matter will come home, let me relate a little occurrence of my own personal knowledge:

A professional friend of mine, who, by the way, made a specialty of the treatment of syphilis in particular, had an only daughter who was beautiful both in person and manner. Her mother died while the girl was still young, and she and her father lived together happily, very much wrapped up in each other's happiness. In due course of time a young man appeared upon the scene—a young man of excellent family, fine appearance, good education, able to support a wife, and of apparently perfect morals. He wooed the daughter, pressed his suit diligently, and finally won the consent of both parent and daughter to his marriage. The young couple were very much in love with one another, and the father was correspondingly happy in the happiness of his daughter. One summer the father, who had a summer home not far from the

city, invited the young man to spend Sunday with them. He arrived on Saturday evening, and the three spent a very pleasant evening together. The young man was shown to his room and the others retired to their respective chambers, when the doctor heard the sound of a falling body coming from the young man's room. He hastened thither and found him lying unconscious upon the floor. He loosened his clothing in order to give him more air, when he discovered a peculiar eruption on the young man's body. He applied restoratives and the young man recovered. The next day the doctor had a talk with this young man and questioned him regarding the eruption, and the young man absolutely denied the existence of any venereal disease. The father, however, made further investigations, and discovered that this apparently estimable young man who was about to marry his daughter was suffering from syphilis in

the secondary stage; and, by the merest chance, the young woman was saved from infection. Here was a father, himself an expert in the diagnosis and treatment of venereal disease, who knew the awful consequences of this disease, and who had repeatedly advised others along these lines, but he was so blinded by apparent excellence and with the young man's reputation and character, that he had almost made the sacrifice of his only daughter to this horrible disease.

Gentlemen, there is little more to add. Take what has been said here tonight to heart and remember that it is not idle talk, and that you are all confronted by this awful peril; that it means as much to your children and your children's children as to yourselves. Let me close with one plea: That you, who are fathers, educate your children, before it is too late, and those of you who are yet young men, beware of the peril before you.

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Remarks on Appendix Abscess.—Battle, The Practitioner, says that a waiting policy is not advisable for this condition, for a favorable termination can seldom be prognosticated with assurance. Many dangers may be avoided by the early evacuation of such an abscess, for (1) it may open into the bladder, large bowel, or rectum; (2) it may extend to the pelvis and left side of the abdomen, or into the hepatic region or even into the pleural cavity; (3) it may rupture into the peritoneal cavity; (4) it may cause general toxæmia; (5) it may be complicated by in-

testinal obstruction. Stress is laid upon the importance of rectal examination, especially in cases in which the symptoms are indefinite and the local signs few. It is thought that removal of the appendix is not indicated as a routine practice. The opening of the abscess is without danger if done by a competent person, but the search for the appendix in the wall of an abscess may cause serious trouble. The mortality of appendix abscess from all causes in a consecutive series is placed at 10 per cent., but if treated surgically, from the first it should be under 5 per cent.

A COMPLETE, PRACTICAL, AND BRIEF EXAMINATION OF THE ALIMENTARY TRACT*

W. H. ENDERS, M. D.,
Jackson.

Upon investigation, it is very noticeable how little is really being done in regard to accurate diagnosis in diseases of the alimentary tract in private general practice.

In order to arrive at a definite conclusion as to existing pathological or functional conditions, it is absolutely necessary to examine, along with the test meal, the feces and the urine. Much can be learned of the functioning power of the stomach and the intestines from certain tests of the urine to be herein-after described.

The object of this paper is to give a detailed explanation of a practical examination that cannot fail to give results; and which does not require, after a little practice, more than fifteen minutes' time.

The Stomach Analysis.

The test meal consists of a single shredded wheat biscuit or a small piece of dry, stale bread and two teacupfuls of either hot or cold water. This is usually taken at 8:15 a. m. and the patient is instructed to come to the office at 9 a. m. and bring along a characteristic stool and two specimens of the urine, one passed one hour before breakfast and one passed an hour after the preceding evening meal. The stomach tube is introduced at 9:15 a. m. and a varying quantity of thin whitish liquid is recovered. This is examined macro-

scopically for mucus, bile, blood, also the odor and color are observed. A small drop is placed upon a slide and examined microscopically for food remains, yeasts and sarcinae and the Oppler-Boas bacillus. Then a drop of Lugol's solution is run under the side of the cover glass to indicate the extent of starch digestion. The color being blue for starch and violet for erythrodextrin, lavender for achrodextrin, and so on down to straw color for glucose and dextrose. The test meal is then filtered and the filtrate is examined quantitatively for free HCl, combined HCl, total acidity, lactic acid, pepsin and rennin and the solubility of starches. For the quantitative examination the following reagents are required:

1. Decinormal sodium hydroxide solution.
2. A one-half percent alcoholic solution of dimethyl-amido-azo-benzol.
3. A one percent phenol-phthalein solution.
4. A one percent alizarin solution (aqueous).
5. A ferric chloride solution.
6. A two and one-half percent carbolic acid solution.
7. Lugol's solution.

No. 2 indicates free HCl. In its presence the filtrate assumes a deep carmine color. No. 3 indicates total acid. No. 4 combined HCl. No. 5 and 6 combined in proportion to ten cc. of the carbolic acid solution and the small drop of the ferric chloride solution, making an amethyst color, indicates lactic acid. No. 7 indicates the solubility of starch.

The decinormal sodium hydroxide solution is put into a graduated burette. This should be graduated to millimeters.

*Read at the Saginaw meeting of the Michigan State Medical Society, May 15, 16, 1907, and approved for publication by the Publication Committee.

Five cc. of the gastric filtrate is placed in a beaker and two or three drops of solution No. 2 is added. If free HCl be present, the fluid assumes a bright carmine color. If none is present, the filtrate is colorless. Now run in the solution of sodium hydroxide from the burette, first noting the height of solution, until the color of the filtrate begins to fade. Note the number of cc. used. This multiplied by twenty will give the number of cc. in the hundred, the normal being from twenty-eight to thirty-five cc. to the hundred for free HCl. Now take the same filtrate and add a drop or two of the phenol-phthalein solution and run in from the burette the sodium hydroxide solution until it assumes a pink color. Note the height of reagent in the burette. Subtract the initial reading from this and multiply by twenty and the result is the total acidity, normally from forty-five to sixty. For the combined HCl add two or three drops of the alizarin solution to five cc. of the filtrate. Titrate as before until a dark violet color is obtained. Observe the number of cc. of sodium hydroxide solution used; multiply by twenty and subtract the result from the total acidity and you have the loosely combined HCl.

For lactic acid take ten cc. of the carbolic acid solution, add one drop of ferric chloride solution and dilute until a deep amethyst color results. Add some of the filtrate until the reagent is decolorized. If lactic is present a light yellow or citron color is left.

For starch digestion a few cc. of Lugol's solution is added to ten cc. of the filtrate. The extent of digestion is indicated by the color as noted above.

The more completely the digestion has gone on, the less albumen there will be present. Take four or five cc. of the filtrate and boil over a Bunsen burner. If albumen is present a flocculent precipitate will be thrown down. Neutralize by adding a weak solution of caustic

soda, which precipitates syntonin. Then filter contents of the tube to get rid of the albumen and syntonin. Add to the filtrate an equal quantity of common salt solution and shake well. If propeptone is present, it will be precipitated. The addition of a few drops of commercial acetic acid will reveal flocculent masses. To test for peptone, filter out any propeptone that may have been found and proceed with the filtrate as follows: Render the liquid decidedly alkaline by adding four or five drops of sodium hydrate solution. Add also one to two drops of a one-percent copper sulphate solution and if peptone is present, a rose red or strawberry color is produced.

To test for pepsin, prepare two small test tubes holding about five cc. Fill both with the filtrate. To one add a few drops of dilute HCl. Then place in each a small cube of albumen. I usually use glass tubes of egg albumen which can be prepared in large quantities after the following method: Take small glass tubing two mm. in diameter, fill with the white of egg and boil. Place these in a fifty-percent glycerine solution. Wash thoroughly before using. When making the test for pepsin, break off about one cm. of the tubing and place in the test tubes holding the filtrates. These are put into an incubator and kept at thirty-seven degrees C. for six hours. One can judge the rapidity of digestion in each of these tubes much better in this way than by using the ordinary cubes of albumen. The albumen should be digested in from five to six hours. This is one of the three tests that takes more than fifteen minutes.

The rennet test is as follows: Neutralize about five cc. of the filtrate with sodium hydroxide solution. Add five cc. of milk. If rennen is present a thick coagulum will be formed in fifteen to twenty minutes. The less rennen there is present, the longer it will take for the coagulum to form.

There are many tests for occult blood, —some are too accurate and others are not accurate enough. The following is one of the best and most practical tests called Adler's benzidin test. The reagent consists of a concentrated solution of benzidin in glacial acetic acid which is made by adding as much of the benzidin as can be taken on the point of a knife to two cc. of the acid. Ten drops of this solution are added to three cc. of a three-percent solution of H_2O_2 . A portion of the stomach contents about the size of a pea is rubbed up with a little water in a test tube and the mixture is brought to a boil. To the mixture of the reagent, two or three drops of the emulsion of the stomach contents is added. If blood is present, a green or bluish green color results, usually in a few seconds.

Fecal Analysis.

Much less is being, or has been, done by the practitioner along the lines of the examination of the feces because of the distaste of the physician for this kind of work and the prudery of the public.

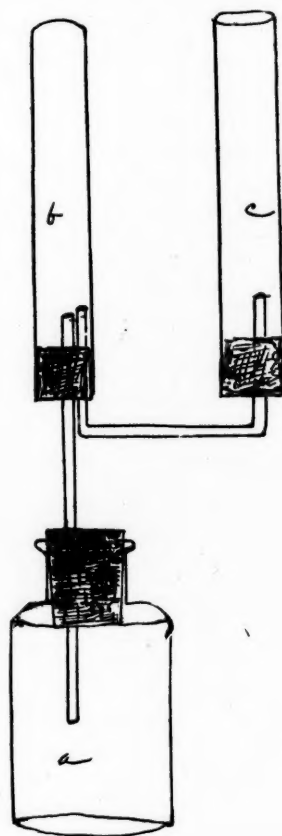
At the first visit I have the patient bring an ordinary or characteristic stool. This stool is thoroughly mixed, note being taken of the odor, color, form and consistency. A small amount of the feces, about the size of a walnut, or five grammes, is rubbed up in a mortar with enough sterile water to make a thin fluid.

To test for bile pigment, take five cc. of the fluid feces and place it into a small beaker. Pour into the beaker enough of the concentrated watery solution of bichloride of mercury to cover the feces. If bilirubin is present, a blood-red color will appear in about twenty-four hours. The more decomposition there is going on in the bowel the less red will be the reaction. If the fecal matter is passing through the bowel

very rapidly, green colored particles will be found scattered through the preparation.

The test for occult blood is the same as has been explained in testing for blood in the stomach examination, a small amount of feces, about the size of a pea, being used. The patient should not take any meat for at least two days preceding this test.

To determine the reaction of the feces a piece of blue and red litmus paper is



placed upon, not in, the feces. The reaction of normal feces is amphoteric or slightly alkaline or acid.

The fermentation test to determine the extent and kind of decomposition is as follows: Take a small amount of the feces, about the size of a walnut, and place it in the lower vessel of Dr.

Strasburger's fermentation tube (see cut No. 1). Fill this with water and stir thoroughly. If the reaction of the feces is acid, determine the acidity quantitatively by adding a drop of phenol phthalein solution to one cc. and titrate. Now place the stopper in the lower vessel, fill the test tube marked "B" with water and place it in position. Put this fermentation tube in an incubator at thirty-seven degrees C. and leave for twenty-four hours. If fermentation or putrefaction has taken place, water will be displaced in tube "C" according to the intensity. If the tube is filled to one-third or more of its capacity, the amount of gas is pathologic. To determine whether putrefaction of albuminous matter or fermentation of carbohydrates has taken place, test the acidity. If higher than the initial acidity, carbohydrate fermentation has taken place; if lower than the initial acidity, or if the reaction has become alkaline, albuminous putrefaction has obtained.

Next a small drop of the fecal emulsion is placed on a glass slide and covered with a cover glass and examined microscopically. In this are seen fragments of muscle cells, salts of calcium, colorless soaps, potato cells, and chaffy remains. If now we run under the edge of the glass a few drops of Lugol's solution, the preparation assumes a brown color, macroscopically, and when viewed through a microscope, unchanged starch granules appear blue or violet and isolated fungus spores are blue-violet in color. Now take a small drop of the fecal emulsion, place on a slide and add a drop of thirty per cent acetic acid. Heat until it begins to boil. Drop on a cover glass and examine. This serves to melt the fat content. After cooling there are seen small flakes of fatty acid scattered throughout the field. If this is again heated carefully, the fat is congealed into drops. If the needles of fatty acid and drops are numerous, there is a

pathologic decrease in the emulsification and absorption of fats in the intestines.

Urinalysis.

There are two tests that I want to lay particular stress upon besides those for albumin, sugar and specific gravity and the microscopical examination which are too well known to discuss at this time. These tests are for indican and the reaction. For a considerable period of time I have been investigating the reaction of urine and am convinced that it is very, very rare, except in case of urine that has stood a long time, to find an alkaline urine. To be sure, the acidity varies within wide limits. The normal acidity of urine is about thirty, using phenolphthalein as an indicator and titrating with sodium hydroxide solution. It is more particularly the relation of the secretion of HCl in the stomach and the acidity of the urine that I want to speak. If you take a specimen of the urine passed one hour before the morning meal and another passed an hour after dinner, or the noon meal, and determine the acidity of each, you will find that in the normal stomach there will be a slight falling off in the acidity of the after-dinner specimen. Now, in case of hypochlorhydria in taking the acidity of the after-dinner specimen you will find quite a marked increase, while in hyperchlorhydria the acidity will show a greater falling off than normal. Practically, the application of this examination will preclude the necessity of passing the stomach tube in case there are any contraindications for its use.

The other test for determining the amount of absorption of poisonous substances by the bowel to show whether the peristaltic action is decreased, is called Jaffe's test for indoxyl. To twenty cc. of the urine in a test tube add an equal quantity of concentrated HCL, a

few cc. of chloroform, then drop by drop a dilute solution of sodium hypochlorite. Shake after the addition of each drop. Do not add an excess. The chloroform gradually turns blue if indol is present. A pink color sometimes results because of the previous administration of the iodides or santonin.

Bile may be tested for in the urine by running a few cc. of fuming nitric acid over the top of some of the urine placed in a watch glass. A play of colors from a green to golden yellow will result if bile is present.

These are tests that can be carried

out by anyone who desires to do good, thorough work. No expensive apparatus is required other than a good microscope. All the reagents used can be obtained from any reliable wholesale drug house. After a little practice and experience, the tests can be performed very rapidly and accurately in a remarkably short space of time.

In doing this kind of work, one feels a great satisfaction in knowing that he is doing accurate work in diagnosis, and that he is leaving no stone unturned, however small, for the good that may accrue to his patient.

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DISCUSSION.

Dr. Herrick, of Chicago, said that simplicity in laboratory technique should be encouraged but accuracy was of the first importance.

Dr. Dock, Ann Arbor. The method of stomach examination described is a proper one. In functional diseases examination should be made under different conditions and repeatedly. It is a good plan to examine the fasting stomach, and also after a full meal. The latter is important as it shows the power of digestion. Examination of stools is very much neglected. As far as possible they should be examined freshly passed and should not be mixed with urine. The best way is to have the stool passed in the office. Usually it may be obtained by giving a glycerine suppository. Examination of the undigested stool is of

value. It is obtained by taking Carlsbad Salts before breakfast. By examination in this way Dr. Dock was able to discover two cases of amœbic dysentery. The acidity of the urine comes from so many different causes that its estimation is not of much value and may be misleading.

Dr. Freund, Ann Arbor, said that the use of alizarine in estimation of stomach contents is of doubtful value. Examination for motor power should be included in every such examination.

Dr. Enders, Eaton Rapids, in conclusion said that title was used as a decoy. He believed that accuracy was of more importance than rapidity in diagnosis. In examination of stools he believed most could be learned from test diet.

A swelling in the inguinal region, painful to the touch is, of course, often an inguinal adenitis (e. g., following gonorrhea). But orchitis in an undescended testicle should be kept in mind.—*American Journal of Surgery*.

To determine how soon a patient's mucous membrane, e. g., of the mouth or urethra, becomes insensitive after the application of cocain, or other anesthetic, the surgeon may employ the device of touching a little of the same solution

to his own tongue, just after the application to the patient.—*American Journal of Surgery*.

A peripleuritic abscess due to caries of a rib may give all the signs and symptoms of an encapsulated empyema. Aspiration of the chest usually withdraws clear fluid (an effusion due to the inflammatory process). A positive diagnosis can be made only by exploration of the abscess cavity, when a necrosed rib may be found overlying a thick-walled abscess cavity.—*American Journal of Surgery*.

ABDOMINAL PAIN; ITS DIAGNOSTIC SIGNIFICANCE.*

H. W. YATES, M. D.,
Detroit.

With full knowledge that many of the pains felt in the abdomen are sympathetic and with no desire to refute it, the object of this brief paper is to call attention to the somatic distribution of the cerebro-spinal system. Rationally and carefully studied, many of the pains which have been thought reflex are but expressions of discomfort in some terminal nerve supply of this same system.

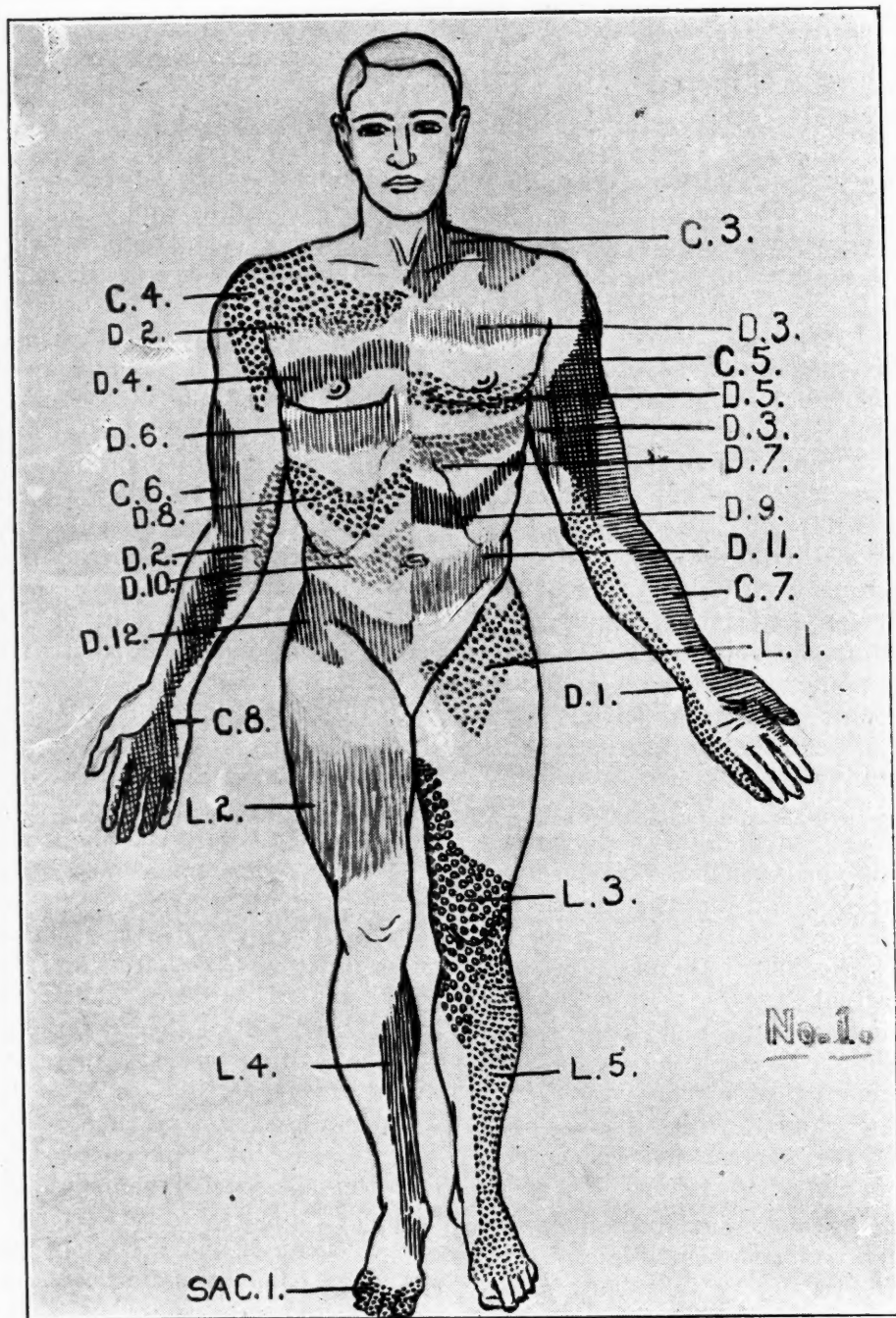
If we but review in our own mind the cerebro-spinal system, we will see that it includes the brain, the cord, and spinal nerves coming from it in 31 pairs,—that these latter proceed outward nearly horizontally from the upper segments of the cord, becoming more and more vertical in their course as we go down. Thus the cervical set give supply to the back of the head and neck, to the clavicle, shoulder and arm, but as we look at the dorsal nerves we find the body surface area is supplied as low down as the inguinal region, and that the lumbar and sacral give supply all the way down the leg and to the foot. Therefore, if there be any actual disease of the cord or vertebra in the dorsal region, the resulting pain in the lower anterior abdomen has this anatomical explanation. Caries of the spine (dorsal) with resulting pressure upon the nerves, and *Tabes dorsalis* are familiar illustrations.

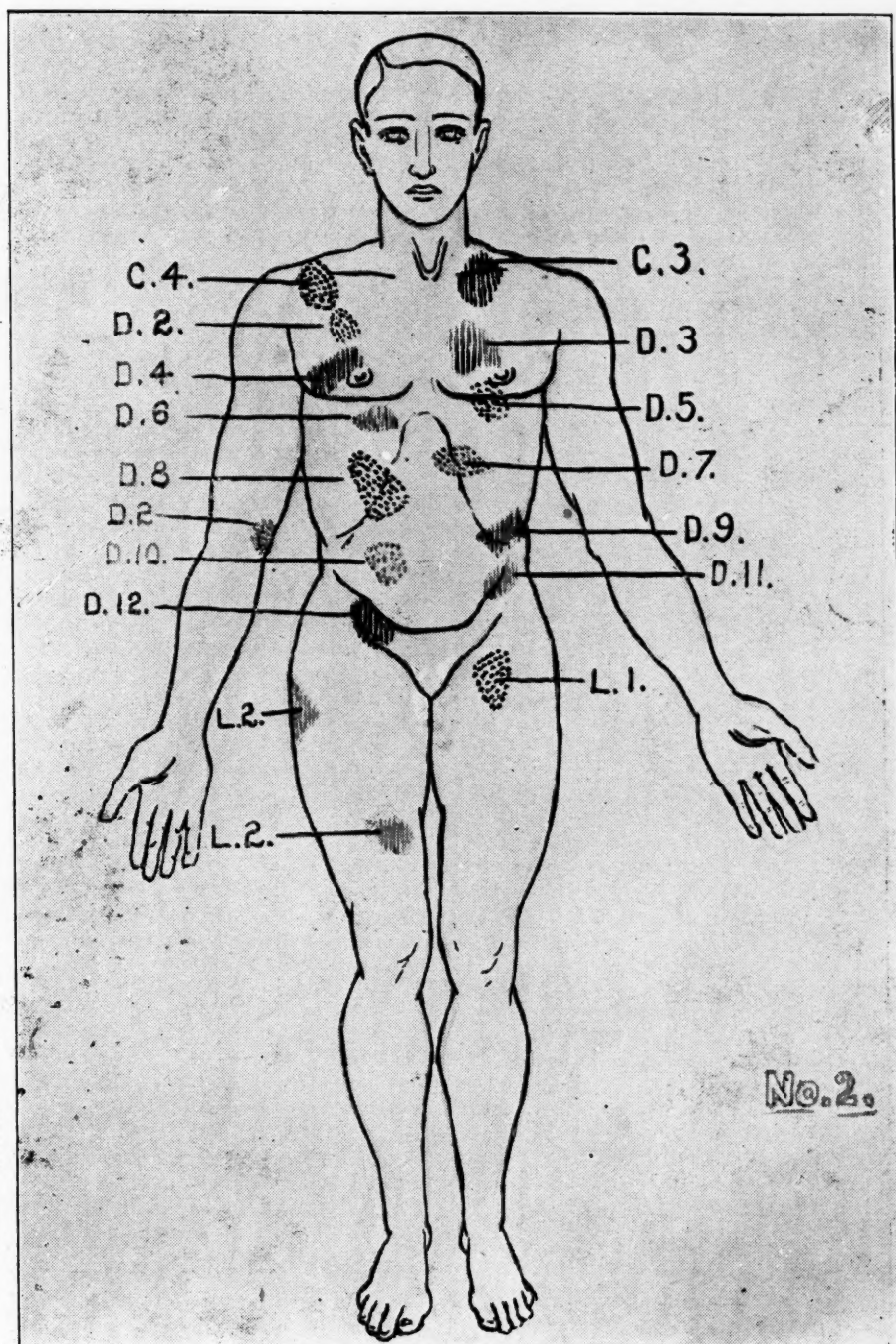
In studying abdominal pain, it would be a nicely arranged plan if each viscus would give its outcry in a certain distinct place, but this cannot be, so long as the great solar plexus gives supply

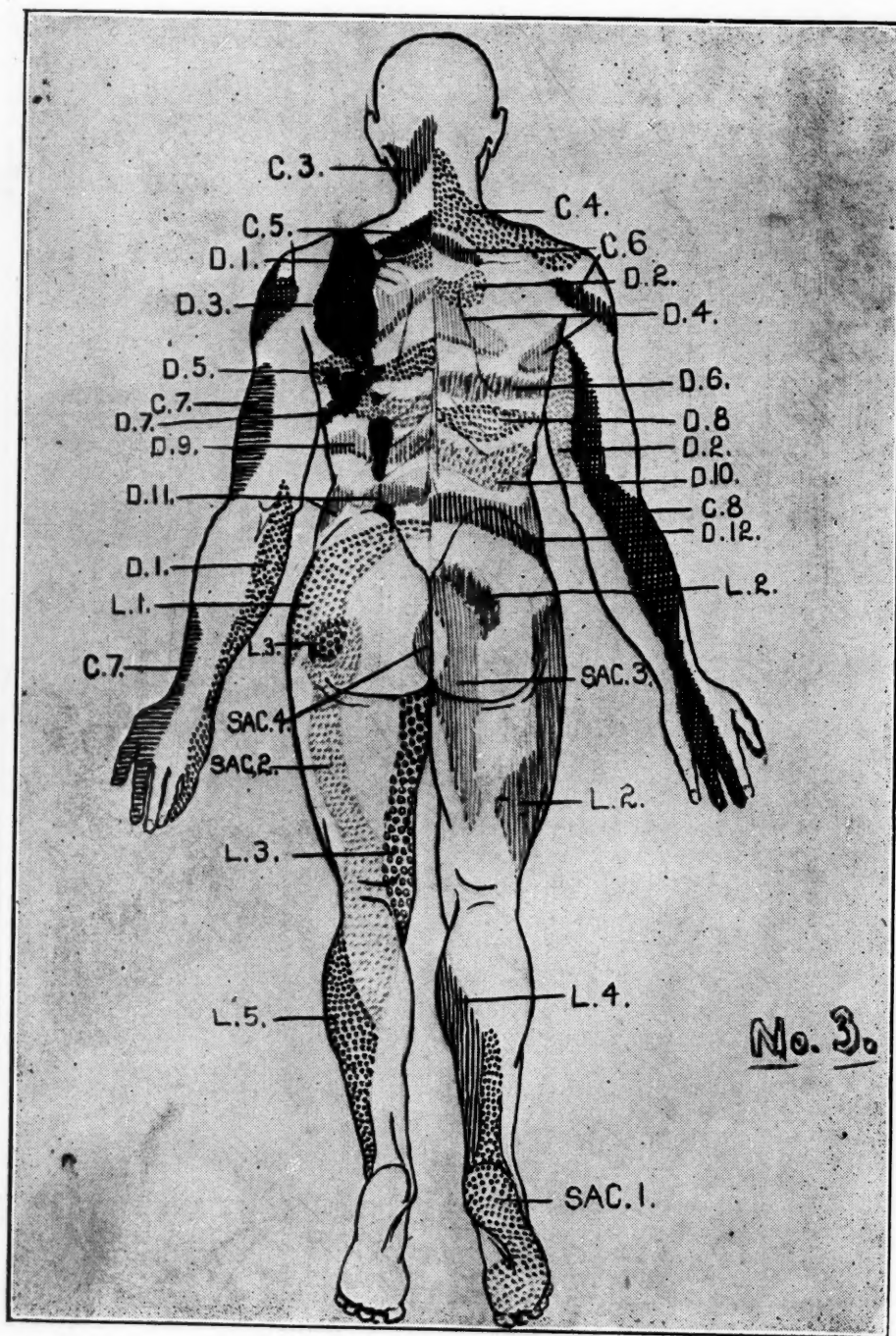
either directly or indirectly to nearly every organ in this cavity; but the more richly supplied any organ or part is with the cerebro-spinal system of nerves, just in that proportion is the organ or part more sensitive to pain. As an illustration, much of the visceral peritoneum may be inflamed and with comparatively little discomfort, but let the parietal layer be the seat of invasion and "That deep torture may be called a Hell, when one can feel more than he hath the power to tell." Every operating surgeon knows that he may handle the viscera without causing pain, but to touch the serous lining of abdominal parietes is at once to cause acute pain. Of course, this brings up the argument which has been so ably discussed by Ross, Head, MacKenzie et al., as to whether any of the abdominal organs are appreciative of pain, or whether it is only manifest in the muscles, peritoneum and areolar tissue surrounding them. Assuming that pain is the result of over-stimulation or under-functional activity, it is difficult not to regard the sensation as produced and actually felt at the seat of its origin. That it is often reflected, or referred, all would agree.

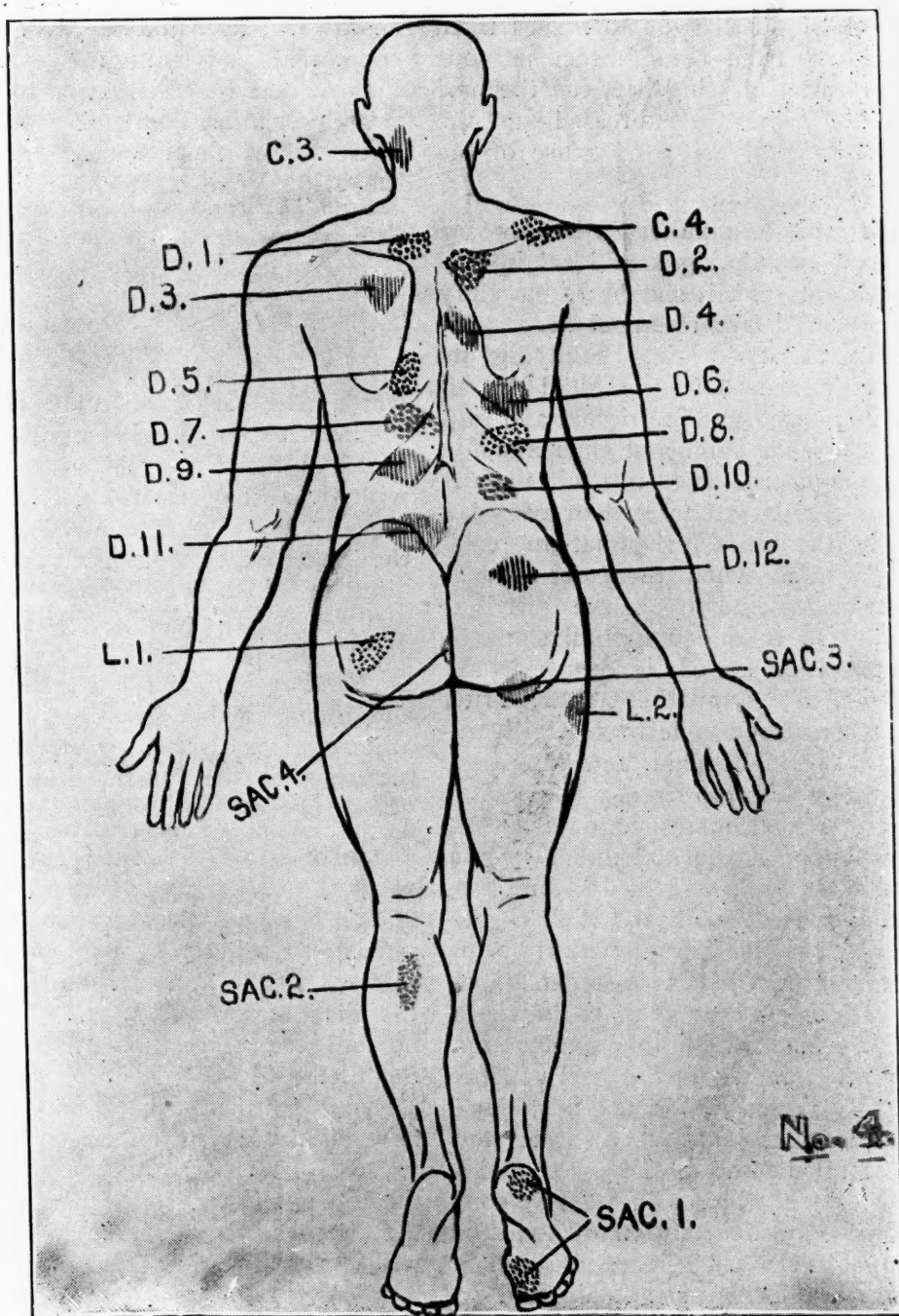
Pain in any part, when not associated with increase of temperature (the local symptom of local inflammation), must be looked upon as caused by an exalted sensitiveness of the nerves of the part, and as a pain depending upon a cause situated remotely from the part where it is felt. In availing ourselves of these so-called sympathetic pains (and no doubt they are in a certain sense "sympathetic pains"), I should like to displace

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or throw aside the term "sympathetic" as something too ideal, and would ask you to consider such pains in their obvious, intelligible and more natural relation. I would ask you to regard them as resulting from some direct nervous communication passing between the part where the pains are expressed and the real and remotely situated cause of the pain.

If the pain be manifested in any distinct area, and no signs of local inflammation be present, it should be our duty to follow that cerebro-spinal nerve centripetally to its origin. Studying its complete distribution, we shall in all probability discover the original and producing cause of pain, and thus adopt a correct diagnosis. It is not fair to ourselves or our patient to explain away his pains by the words, rheumatism, cold, neuralgia, etc., when there is rational explanation offered by nerve distribution,—and so it is equally fallacious to find explanation for our ignorance in the words "reflex," "sympathetic," etc. True, it is not always possible to surely determine the origin of pain, but the word "sympathetic" is too freely used as a cloak either for ignorance or laziness. Many diseases of the abdominal viscera are associated with pain in different portions of the integument, and their causes are usually cast aside by the word "sympathetic." Since this is so common, let us for a moment see if there is not a satisfactory and intelligible explanation for this phenomenon in the nerve distribution. The pain felt in the infra- and inter-scapular regions when associated with visceral disease of the upper abdomen is common. This pain must be connected with the distribution of some of the spinal nerves, because no other structures could express the pain, and no other nerves occupy the position except the fourth, fifth and sixth dorsal nerves which are distributed over the inferior angles of the scapulæ and inter-scapular

space; hence we must conclude that these nerves are the immediate seat of the pain. If we trace internally the great splanchnic nerve from within the thorax downward, and find it connected at its abdominal end with the solar plexus, thence trace its distribution to the stomach, duodenum, liver and pancreas; and if we follow the other or upper end of the same great splanchnic upwards to the fourth, fifth and sixth dorsal nerves, which give peripheral sensitive filaments to the integument over the angles of the scapulæ, to the interscapular spaces and adjoining skin, we can well imagine that these nerves carrying the influence upwards and backwards may explain the occurrences of pain sometimes experienced in those external parts associated with abdominal visceral disease. As Hilton well says, "Is it not likely, then, that the pain which persons experience in diseases of these viscera may be explained by the relative position of the great splanchnic nerve, communicating on the one hand with the solar plexus, and thence with these digestive organs, and on the other, distributing the branches to the fourth, fifth and sixth dorsal nerves."

Probably all of us have noted (and perhaps some of us have been chagrined at our mistakes) in cases of acute lobar pneumonia where the pain was entirely referred to the abdomen as far down as the iliac region at times, with the abdomen exceedingly sensitive to touch. Such cases have not infrequently been referred to the surgeon for celiotomy. Several of such have been reported. If we will remember that the pleuræ line the upper surface of the diaphragm and the inner surfaces of the lower ribs, it will be at once understood how pain may be conducted by the lower intercostal nerves and felt in the front of the abdomen; that is to say, as if localized at the peripheral termination of those nerves.

On Sunday of this week I was called to see Miss M—, aged 40 years, who had considerable pain on pressure over the appendix and also over the left dorsal region. Now, if we examine charts 1, 2, and 3, and study the body surface or somatic nerve supply, we find absolutely the same segment in the spinal cord that gives supply to the appendix, to the area above it, and to the posterior region referred to, and since my patient has no other illness or discomfort to cause this dorsal pain, is it not plausible that this is its origin?

Not one of us has a day go by that some of our female patients who have ovarian or uterine disease do not complain of dorsal pain. Especially is this true in young women whose generative organs are functionally active and who are free from gross organic defect. Examination only shows an irritable condition, and yet the constant complaint of backache finds its explanation in charts 1, 2, and 3, not by the phantom-chasing term "reflex irritability," but alone by the conduction of an impulse down the

dorsal nerves. The frequency of pain under the scapula in gall-bladder and duct diseases is common. As long as inflammation of gall bladder alone is present, the patient complains of pain being general over the epigastrium and over back supplied by dorsal nerves. But if stones be present and one becomes impacted in the duct and sets up sharp peristalsis, then the pain is more localized at chart 4, dorsal 6, and chart 2, dorsal 6.

Pain felt exactly at the ninth right costal cartilage is strongly suggestive of an inflamed, impacted or cancerous gall bladder, or a stone lodged in the common duct.

It is apparent to the Section that the writer had no thought in the preparation of this paper of any question of differential diagnosis between diseased abdominal viscera, nor did he desire to open this field, but if either by diagram or by text he has stimulated some to familiarize themselves with the causes of pain and distributions of the somatic branches of the cerebro-spinal system of nerves, his object will have been attained.

Burnham's Soluble Iodin.—An analysis of Burnham's soluble iodine, according to its manufacturers one of the most notable discoveries of the age, made by W. A. Puckner and A. H. Clark in the Laboratory of the American Medical Association, is published in *The Journal A. M. A.*, March 28. The results, which agree with those obtained by Wilbert and others (*Proc. Am. Pharm. Assn.*, 1903, li, 409), indicate that Burnham's soluble iodine is a solution of iodine in alcohol made miscible with water by the presence of some iodide. It is true that this is not potassium iodide and is not, entirely at least, hydrogen iodide (hydriodic acid), but this is of slight importance compared with the fact that it is a solution in alcohol of free iodine and an iodide and, therefore, is essentially the same as Lugol's solution. It is of interest also to note that the amount of free iodine is not constant; analysis showed that one specimen, after standing for a month, contained nearly 40 per cent more free iodine than it did when first purchased. The amount of iodine found corresponds approximately to 3.0 gm. of free

iodine and 2.0 gm. of combined iodine in 100 c. c. of the solution. Lugol's solution contains 5.0 gm. of free iodine and 10.0 gm. potassium iodide in 100 c. c. Burnham's soluble iodine tablets, each said to contain three minims of Burnham's soluble iodine, were also analyzed. The details of this analysis are also given and it shows that the tablets contain approximately one-fourth the amount of free iodine and approximately two-thirds the amount of total iodine that should be contained to agree with the label. In commenting on the above results, the authors say that the outcome of the analyses is not a surprise, since the extravagant claims made by the Burnham Soluble Iodin Company are enough to condemn their product. Physicians will be perfectly justified in looking with suspicion on all such unscientific claims of specially important secrets possessed only by drug manufacturers, especially when not substantiated by painstaking analyses. Whether it is desired to administer free iodine, Lugol's solution (*Liquor Iodi Compositus*, U. S. P., *Physician's Manual*, p. 84) is an inexpensive and perfectly available preparation.

CHRONIC INTERSTITIAL NEPHRITIS AND ITS RELATION TO RE-CURRING PARALYSIS.*

BENJAMIN A. SHEPARD, M. D.,

Plainwell.

It is a very favorable sign of progress that we see in the attention which the profession is giving today to the signs of cardio-vascular and renal degeneration, that condition which is responsible for the ushering of quite as many into eternity as many of the contagious diseases which have received so much attention from active workers. The more we consider chronic hyper-tension the sooner will a large class of cases receive their proper attention from the profession and the more will we look beyond this symptom for the causal factor, which, by judicious work, may often be removed. The conception today of the pathology of chronic interstitial nephritis is broader and more comprehensive than a few decades ago. It is a complex disease, and not only are the kidneys often a secondary development, but they are often entirely overlooked in their clinical manifestations. The word-picture of the disease, as given by some, would lead one to think that it consisted of nothing more nor less than an interstitial inflammation of the kidneys. Today a clearer and more comprehensive conception of the disease shows it to be one of slow chronic inflammatory change, resulting in a growth of connective tissues in the stroma and atrophy of the renal parenchyma with marked changes in the cardio-vascular system.

Considerable uncertainty and confusion has attended the attempts to arrive at an accurate conclusion in regard to the

etiology of the disease. Allbutt would divide the etiological factors of arterio-sclerosis into three divisions—first, that common to old people and not dependent on high tension; second, that due to persistent high tension or blood pressure, and in other words mechanical; third, that due to toxins. Personally, I think all of these causes may be traced to a common primary cause, namely, toxic.

Henry W. Cook, of Richmond, Va., in his article in the *Journal of the American Medical Association* for January 28, 1905, would insist on the absolute distinction between arterio-sclerosis and hypertension, but if those cases of hypertension are followed for a period of time, almost invariably will manifestations of sclerosis show themselves, and it should be remembered that the peripheral blood vessels are not always the first to undergo the change, and that an extensive splanchnic sclerosis may be present without superficial evidences.

The argument that chronic hypertension is a functional disease is beyond my conception. Again, it is claimed that hypertension favors and may even induce the development of arterio-sclerosis, but etiological parallels do not bear out the statement. Overwork in other tissues with no irritating material will not cause sclerosis in other parts, and it does not seem reasonable to expect that it will in the cardio-vascular system. There is one point upon which most clinicians agree, and that is that the constant factor is the continual demand on

*Read at the Saginaw meeting of the Michigan State Medical Society, May 15, 16, 1907, and approved for publication by the Publication Committee.

the kidney to excrete some irritating material. What this material is or may be we are not sure: it is noted in alcoholics, syphilitics, and here is where possibly the hereditary nephritis of some writers may come in, those whose diet is largely made up of uric acid producing materials, including in this sufferers from gout and allied diseases. Workers who are constantly subjected to contact with metallic substances should be considered. By some tobacco is claimed to be a causal factor in raising the blood pressure and the termination in arterio-sclerosis. The toxins contained in the blood in the different diseases of the excretory organs may be the source. It is probable that the American habit of constipation, by its throwing into the blood urobilin and other products of the bowel, is a very potent factor. Another habit I would mention as a causal factor is the vicious drug habit, and by this I would include the insane use of proprietary or the so-called patent medicines which often contain materials which by their constant use may cause a sclerosis or produce the initiative for it. It is not to be questioned but that the different toxins may cause persistent hypertension, but it is the persistence of the cause rather than the symptom that produces the sclerotic change. Whether or not the increased metabolic changes due to the rapid and increased nerve strain of Americans of today is a factor in producing the change, it is one in hastening results.

The pathology of the disease includes either directly or indirectly every organ in the body. In order to fully agree upon the pathological possibilities of arterio-sclerosis in the kidneys it is important that we bear in mind the anatomy and the manner in which they functionate, and also what we mean by the term arterio-sclerosis. In considering the method of excretion by the kidneys we find two long mooted questions or

theories, either of which has been heralded as the antithesis of the other. This I believe to be wrong, for we must admit with Ludwig that since the efferent blood vessel of the glomerulus is smaller than the afferent, and since experiments show that there are no nerves going to the kidney that directly affect the excretion of urine, but that the increased flow of urine from stimulation can be traced to the resulting increase in the blood pressure, we must agree with Ludwig that the increased blood pressure may explain in part the excretion of urine; but to stop here would be erroneous, for it has been proved that it does not only depend upon the blood pressure but also on the blood flow, for when the efferent blood vessel is tied the amount of excretion is lessened. To differentiate or tell exactly what part the cells of the glomeruli and those of the tubules play is as yet impossible, but it is probable that they have a great deal in common. Some diuretics act by increasing the blood flow and others by their direct action on the renal epithelial cells.

Thus we see the pathological importance of a condition which will harden both the efferent and the afferent blood vessels with the consequent results on the blood pressure and excretion. Cohnheim tells us that in the kidneys the blood vessels do not contract and dilate according to the needs of the organ as in other parts of the body, but according to the excretory matter in the blood. If this power of contraction and dilation is lessened or destroyed we can easily see how constitutional effects may follow. Ewald asserts the compensatory excretion of urea by the secretory glands of the stomach to be a frequent cause of gastritis. Nature attempts to compensate for the loss of power of raising the blood pressure by cardiac hypertrophy, and excessive pressure is brought to bear that the usual amount of blood shall

pass through the restricted capillary area; hence we have increased blood pressure throughout the system, and with the diseased coats we see the possible results in the brain, and it is here that I wish to especially call your attention later.

Sclerosis is the climax of all pathogenic processes that have entered into the life of the individual, and we are thus forced to see that it is the resulting cicatrix of cellular degeneration and not an entity as we are so prone to regard it. Chronic interstitial nephritis is always primarily of epithelial origin, and its extension to the deeper structures is measured by the depth to which the primary destructive agent reaches. Formerly two types of nephritis were recognized, viz., epithelial and interstitial. Now we know that all forms of nephritis begin in the epithelial cells. One where the epithelial cells of the excretory apparatus predominate; the other where sclerotic changes take place. The starting point is the same, but the results differ because the processes differ. This can be traced to the primary cause. In the former the exciting cause is more acute and vicious, but not persistent; while in the latter the continual demand on the kidney to excrete an irritating material is the most constant factor.

One of the most common initial symptoms given by the patient is dizziness, together with restlessness at night, frequent micturition, especially at night; gastric disturbances may be a marked symptom; dyspnea is often one of the primary subjective manifestations, and may be of an asthmatic character, and a true cardiac asthma may be encountered; hemicrania in patients above the age of forty should arouse one's suspicions. In my own experience I have found the symptomatology so varied that a well classified list cannot be made, but every case should be thoroughly examined for arterial and cardiac changes. The hard-

ened arteries—keeping in mind that not every case shows peripheral sclerosis—the high arterial tension with apex beat displaced to the left, an accentuated second sound with a metallic ringing quality, together with increased excretion of urine with a lowered specific gravity form a basis for a diagnosis. The findings in the urine are so inconsistent that too much importance should not be placed upon it, except that the decreased amount of urea and the lowered specific gravity are almost constant and important symptoms, and though hyaline casts and albumin may be found at times we cannot depend upon it. I would be omitting one of the most important aids in diagnosis if I did not mention the ocular symptoms and findings, and I cannot too strongly urge the careful examination by a competent oculist in every doubtful case.

The results of the disease are most often seen in the brain, and it is some of the possibilities here that I wish to emphasize, and to do this I have chosen two cases to report which I believe will best illustrate the two different ways by which the brain may be transiently affected.

Case 1: N. K., male, age 75, retired minister of the gospel, family history negative, had been troubled with muscular rheumatism for a considerable number of years, gave history that for some time he had felt languid and weak, eye sight had deteriorated considerably, some trouble with digestion, did not sleep well nights, frequent micturition especially nights, urine analysis showed a lowered specific gravity, urea about nine parts to the thousand, no albumin at any time. Jan. 10, 1906, he lost the use of the left side, but only for a few moments, but the next day I was called because of a recurrence of the symptoms. Upon my arrival he had regained full control of himself, the pulse was full and hard and 85 per minute, temperature normal, pupils normal, tongue coated with a dirty grayish coating, breath offensive but not urinous, arteriosclerosis marked in all peripheral arteries. The attacks became more frequent and pronounced,

the left side of the face and tongue being involved. Complete paralysis of the left side occurred at least thirty different times and lasted from five minutes to an hour.

Case 2: Mrs. R. G., I saw in consultation and I use it to show the still more transient effects. Age, 70; eyesight impaired, loss of appetite, with symptoms of gastritis; strong build and arteries hard to palpate, but could find no marked hardening of the radials or superficial blood vessels, accentuated second sound with a metallic click, arcus senilis developing, urine analysis showed a specific gravity of 1012, urea eight parts to the thousand. The first manifestation of trouble to the patient was when she suddenly became dizzy and fell to the floor, but was soon restored and apparently all right; since that time she has had several attacks of a similar nature but to a lesser degree. Of late the patient has been growing weaker and complained of dyspnea upon exertion.

In either case a diagnosis of chronic interstitial nephritis was made, though a different result was believed to be present in each case. In the former the symptoms were due to pressure, probably both venous and arterial, with the exciting cause, uremia, and this is an example of that class of cases where we see the toxic and the mechanical working together. Wilson, of Philadelphia, has shown that the effect may be localized. In the second case the symptoms point towards uremia alone. Thus there may exist a local action of the toxin on the motor centers, or there may exist a toxemia with increased pressure from the fluids and possibly causing an edema.

It is probable that the toxemia always precedes the increased tension and fluid pressure from the arteries, veins, and lymphatic vessels.

The line of treatment depends upon the urgency of the case, or, in other words, upon the length of time which the condition of the patient will give in which to relieve the cerebral symptoms. Efforts must be directed toward elimination and relief of the pressure. For the latter, Wilson reports good results

in a series of cases treated by lumbar puncture. One should not depend on slow medication, as only prompt elimination will be of service in many cases. The bowels and skin are the sources available except that free bleeding appeals for a place of importance and is a rational procedure in emergency. Drop doses of croton oil placed on the back of the tongue will be taken whether the patient can swallow or not, one dram of a saturated solution of magnesium sulphate every fifteen minutes till free catharsis is induced. At the same time free diaphoresis should be produced by hot packs and the blood pressure brought and held down, for which purpose I prefer aconite, though often the nitrates give results and are chosen by some. Some have advocated the so-called "washing the blood" with saline injections, but in this way the opposite result from that desired is obtained and for a time the blood pressure is increased, and for the same reason rectal injections should be used with caution.

It is difficult to combat the development of the sclerotic changes, as it is hard to remove the cause or irritating material. Only one medicine seems to give us any results in arresting the advance of the disease. I give moderate doses of potassium iodide well diluted in water after each meal for three weeks, then after an interval of two weeks I again have it continued and with these interruptions it is continued for a long period of time. In some cases I believe I have accomplished results, but this has been only a part of the treatment and perhaps a small part. The patient has been forced to see the necessity of an absolutely moderate life; what I mean by the term "absolutely moderate" is that there shall be no intermissions when the daily routine of moderation in everything shall be broken and, if necessary, the possible results are portrayed. Moderate exercise, but not to the point

of fatigue, with clothing which will protect the body from the sudden changes so characteristic of our climate, or, better still, where possible removal to an equable climate are very important factors. The bowels should be kept regular—I order an occasional dose of magnesium sulphate which unloads the system to a good advantage. The skin is a great factor in renal compensation and should have careful attention.

The diet should consist only of light, nourishing and easily digested food with only a small percentage of meats. Water

should be taken freely, either distilled, or some of the mineral waters, but owing to the difficulty in obtaining, they are in the minds of some people out of their reach. Alcohol even in moderate amounts should be forbidden. In short, the whole effort should be to assist nature in establishing and maintaining a condition of compensation.

For the direct effect on the kidneys citrate of potassium seems to give the best result and should be given freely to stimulate the renal cells.

DISCUSSION.

Dr. Smithies, Ann Arbor, complimented the paper and said that he considered the estimation of blood pressure of considerable prognostic value. He mentioned a case illustrative of this point in which there was a rapid rise in pressure, followed by a partial hemiplegia. The recording of one blood pressure is of little value, but persistent observations reveal many things. The

observation should be made under similar conditions and recorded very much in the same manner as one would record the temperature, pulse, and respirations.

In regard to drug treatment he preferred to use nitrites in preference to nitroglycerine, as the latter only produced a temporary effect and was more apt to cause disagreeable headache.

General Anesthesia.—O. J. CUNNINGHAM, Kansas City, Mo. (*Journal A. M. A.*, April 18), says that he has devised an apparatus for the administration of nitrous oxid and oxygen with the ether sequence, which embodies a number of new principles, and the superiority of which has been practically demonstrated in 924 operations during the past year. The advantages claimed are: If necessary, oxygen can be given pure or mixed at any time during the anesthesia or afterward to bring about a quick resuscitation. A few breaths of oxygen will completely relieve the occasional laryngeal spasm of incomplete anesthesia without decreasing the amount of ether being used. A special feature is that the gases and ether vapor are accurately measured under all conditions, allowing a perfectly even administration and thus adding to the safety of the patient and the convenience of the operator. By mixing oxygen in the proper proportions with nitrous oxid, complete narcosis can be maintained indefinitely and is used sufficiently long (from three to five minutes, occasionally longer) to permit ether to be administered gradually and slowly until complete ether narcosis is established. The swallowing of the ether-laden hypersecreted

mouth secretions is thus avoided, with its consequent nausea and vomiting. The danger of aspiration pneumonia is also thus lessened. The reduction of body heat by the ether, which is liable to occur under the ordinary methods, even in a warm atmosphere, is avoided by the combined employment of three methods: 1. The ether chamber is in a bath of 22 ounces of water, at about 90 F., a little below the boiling point of ether. 2. Ether, and the corresponding refrigeration, is saved by the quick induction of complete narcosis by nitrous oxid and oxygen. 3. Only the inhalation passes over the ether and not both inhalation and exhalation, as is the usual rule. This saves half the ether ordinarily used and also reduces refrigeration. Rebreathing, with its decreased oxygenation and increased carbonic acid is practically impossible with this apparatus. The apparatus complete (exclusive of the gas cylinders) weighs 20 pounds and can be carried in a case smaller than the usual suit case. The expense of anesthesia by this method is not excessive, and there are practically, he claims, no uncomfortable after effects. The apparatus is fully figured, with explanations of its parts.

RHEUMATISM IN CHILDREN*

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Rheumatism is now universally recognized by medical men as an infectious disease. The specific character of the infection, however, has not been conclusively proven. So many of the conditions formerly classed as rheumatic have been proven due to other infections that the term acute rheumatism or rheumatic fever now has a very restricted use; in fact, so restricted that not a few hold the view that such a disease, *per se*, does not exist, but that the symptoms are merely those produced by any of one of several different infections.

This view has not met with general acceptance, however, for after carefully eliminating those infections which are frequently followed by symptoms *very similar* to acute rheumatism, there still remains that familiar clinical picture, with its almost classical group of symptoms, which is termed acute rheumatism or rheumatic fever. These cases bear every indication of an infectious origin and the clinical course is so constant as to make it highly probable that this infection is of a specific character.

The bacteriology of this disease has been the subject of much investigation the past few years. The results of these investigations have been so thoroughly published that their repetition in detail is unnecessary at this time. It will suffice to simply again recall the fact that several investigators, working independently of each other, have succeeded in isolating from a number of cases of

acute rheumatic fever a *micrococcus*, which they have termed the *micrococcus rheumaticus*. This micrococcus differs in several characteristics from many of the common forms of cocci; and by inoculating lower animals with its cultures, some investigators have succeeded in producing conditions identical with those found in acute rheumatic fever, a result not frequently obtained with any of the other forms of cocci.

While these investigations have encouraged the belief that the micrococcus rheumaticus is the specific cause of rheumatic fever, yet the results of the different investigators have been far from uniform or constant. Different investigators have isolated micrococci in these cases which varied considerably in both culture and staining properties. Some have succeeded in producing symptoms of rheumatic fever in lower animals by inoculation of these germs, while others have failed. Others have failed entirely in their efforts to isolate a micrococcus, while none so far as I know have succeeded in finding the germ in all cases examined. These variable results leave the question in an unsettled state, but the consensus of opinion regarding the present etiological status of this disease is that it is of infectious origin, probably a specific one, and the evidence to date in favor of the micrococcus rheumaticus as the exciting cause.

The clinical picture of acute rheumatic infection in children differs in many respects from that which characterizes the adult type. These differences are only marked previous to ten years

*Read before the Northern Tri-State Medical Society, at Toledo, Ohio, January 14, 1908.

of age, however, after which the disease closely resembles that of the adult. Four variations of the disease are commonly met with in childhood, namely, acute arthritis, endocarditis, chorea and tonsillitis. To these may safely be added a fifth, the so-called growing pains which are usually of such a trivial character as to excite little attention, but which not infrequently may be a forerunner of more serious symptoms.

All of these conditions are not usually found in the same child, and when they do occur are spread over several years, but it is not uncommon to find in cases where it is possible to follow the life history of rheumatic children that at one time or another they have suffered with all these symptoms. The association of two or more of the symptoms is *extremely common*, however; in fact, such association is present in the large majority of cases.

The acute arthritis of rheumatic infection in children is mild compared with that in the adult, being of less severity, shorter duration and accompanied by much less constitutional disturbance. The symptoms are quite characteristic, the acute onset with pain and swelling of the affected joints, usually two or more being involved, extreme tenderness to pressure, together with more or less constitutional disturbance and fever. The fever is not usually very high, however, varying from 100° to 103° , in the majority of cases not going much above 102° . These cases in contradistinction to those of the adult are usually of but brief duration and rapidly subside under proper treatment.

The question of chorea in its relation to rheumatism is still open to criticism and will undoubtedly remain so until the specific infection in all these conditions is proven beyond reasonable doubt. Clinically, however, it bears a very close relation, which has long been recognized. One factor has ever stood promi-

nent in this relation and that is the frequency with which endocarditis follows or occurs during chorea. Again, the frequent history of attacks of arthritis, either preceding or following the chorea, is strong evidence of its being identical with or closely related to rheumatic infection. Whatever the future may disclose regarding the etiology of chorea, we should, in the light of our present knowledge, consider this disease a rheumatic infection and in every case be on our guard for other and possibly more serious symptoms.

Endocarditis is by far the most important manifestation of rheumatic infection in children, both by reason of its great frequency and the almost certainty of its leaving a permanently damaged heart. The endocardium of the young heart is especially vulnerable to this infection, much more so than that of the adult, and consequently endocarditis is far more frequent in childhood. It is present in such a large percentage of cases as to justify the statement that it is probably the most frequent and constant of all the different manifestations.

Proof of this point is furnished by the statistics of Dr. Charles Hunter Dunn of Boston, who, in a very excellent paper published in the *Journal of the American Medical Association*, Feb. 9, 1907, reported 300 cases of rheumatic fever in childhood. Of these 300 cases but 102 had arthritis on admission, while 140 had endocarditis and 58 pericarditis. Of these cases 223 were acute infections and 77 chronic. The most impressive point in this report regarding the frequency of endocarditis was the fact that of the entire 300 cases, 281 had at some time symptoms of endocarditis, and but 19 escaped.

The close association of rheumatic arthritis and endocarditis is so well known as to make its repetition superfluous, but the fact should be kept constantly in mind that the severity of the arthritis and the danger of endocarditis

developing are not commensurate. The fact is, not infrequently a severe endocarditis will develop in a child in whom the previous arthritis or other rheumatic manifestations have been very slight, or have escaped notice entirely. Indeed, in not a few cases the endocardial trouble is the first to claim attention. It would seem that in view of the present knowledge concerning the close relationship of these two conditions, that the child's heart would be the object of constant attention in every case of rheumatic arthritis, however slight. Unfortunately clinical experience teaches that such is not a fact and in altogether too large a number of cases the heart is neglected; with the result that an endocarditis develops undetected and is allowed to run its course, not being discovered until some later time when symptoms of acute dilatation direct attention to that organ. The lesson is clear and forcible. The heart of every child having any rheumatic manifestations whatsoever should be the object of frequent and careful examination, then a developing endocarditis will be detected in its incipency and properly met.

The onset of endocarditis is characterized by a rise in temperature, increased pulse, sometimes irregular or intermittent, and a murmur which is usually most marked at apex, inasmuch as the mitral is the valve involved in the majority of cases. Such a train of symptoms calls for immediate attention, the first of which is enforced, absolute rest.

The very common history of recurrent attacks of tonsilitis in rheumatic children has led authorities for many years to regard it in such cases as a rheumatic manifestation. With the development of the theory of infection attention was directed to the tonsil as the probable portal of entry, and while this fact, like others already mentioned, cannot be conclusively proven until the specific etiology of the disease is deter-

mined, yet the clinical evidence in its favor is very convincing. It is extremely common to find these children with a history of several attacks of tonsilitis, the last of which occurred shortly previous to an arthritis. Again, not infrequently a child will be found with endocarditis, either acute or chronic, the only previous history of which will be one or more attacks of tonsilitis.

It is true that every case of tonsilitis in a child does not signify rheumatic infection, and also equally true that both an endocarditis and arthritis may follow infection with a variety of germs, yet the numerous cases of tonsilitis followed by other rheumatic conditions justify the very probable belief that the tonsil is the portal of entry. Whether or not we accept this supposition, the fact remains that a child who is subject to recurrent attacks of tonsilitis has pathological tonsils, and such tonsils are always a menace to its life. The enlarged, spongy tonsil with its large crypts, occupying its position of constant exposure, is sure to be infected sooner or later, and once infected these crypts harbor the infection for a long time, keeping up a more or less constant absorption. In fact, many times a distinct pocket of pus will be found back of the tonsil at the base of one of these crypts, which when removed will relieve symptoms entirely foreign to the tonsil.

Many rheumatic children when examined will be found to have hypertrophied and pathological tonsils although there may have been no history of tonsilitis. It is therefore of the utmost importance to examine the throat in every case of rheumatic trouble and if the tonsils are found hypertrophied or diseased they should be thoroughly removed at once, unless there be an acute tonsilitis present, when, of course, a few days' delay would be necessary. Possibly in acute rheumatic conditions the operation should also be delayed until the more

acute symptoms have subsided, but with any tendency of the symptoms to become chronic or prolonged, enlarged tonsils should at once be removed; for, if left, absorption may continue and the disease prolonged indefinitely. A case occurring in my hospital service illustrates this point perfectly. This child had suffered with multiple arthritis for more than a year previous to the time she was admitted to the hospital. The condition was essentially chronic, with frequent acute exacerbations of the various joints. All medicinal treatment failed to give more than temporary relief. Attention was directed to the throat and examination revealed somewhat hypertrophied, soft, spongy tonsils. Under ether these were removed and at the base of one was found a small pocket of pus. Cultures were made of this pus, but in some manner were lost and not examined. Following the operation all acute symptoms ceased almost immediately and the child is now perfectly well except for the remaining ankylosis and hypertrophy of some of the joints. A pocket of pus, such as was found in this case, I have often seen when tonsils were removed, and when such a condition is present it is a menace to the child's life, no matter what the infection.

I would not have it understood as the intention of the paper to contend that the tonsil is the proven source of infection in all cases of rheumatic infection in children, but rather to forcibly call attention to that structure as the most likely source of infection, and recommend its removal in all these cases when diseased.

Absolute rest should be the first and most important aim of treatment in all

cases of rheumatic affections. In some of the milder forms, and especially in chorea, this is altogether too frequently neglected with most disastrous results. The great tendency for endocarditis to develop in children, no matter how slight the other symptoms, make it imperative to relieve the heart of all strain, which can only be done by absolute rest in bed.

Medicinally the salicylates are indicated and in children are usually well borne and very effective. The natural tendency to a short and mild course makes the rheumatic arthritis of children easy to handle, the greatest difficulty being to keep the children quiet for a period sufficiently long to protect the heart. Occasionally local application to inflamed joints may be required, but usually the salicylates relieve the pain quickly and effectually.

The development of an endocarditis demands careful attention. Here again, however, the principal factor in the treatment is rest with possibly the application of an ice bag over the region of the heart and the administration of a sedative, if required. The diet throughout should be light and careful attention given the bowels.

In conclusion, I would again urge the most frequent and careful examination of the heart in every case of rheumatic infection in childhood, no matter how slight the symptoms of such infection may be; and also that more attention be given the throat in these cases, with the view of finding in the tonsils the very probable source of infection, which, if such be the case, should be removed at once.

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MAY

Editorial

No physician's advice is needed by diligent readers of the daily papers. A casual survey of the four newspapers of Detroit on a given day discloses the fact that almost any disease known to the laity is readily curable, at a minimum expenditure (?). The medium of cure ranges from pills and powders to whiskey and mysterious druggists' recipes, from the personal ministrations of "eminent specialists" to the "motherly" care of an abortionist. Perhaps the comparison of one day's issue is unfair, but the result shows that the *Free Press* is the cleanest sheet medically. The most objectionable advertisement is of an injection, "*Bron*," "Prompt Relief for the Most Obstinate Case, without Inconvenience." Drs. Kennedy and Kergan have a three-line insert under classified advertisements, along with a midwife, and the Rad Medical Co., who profess to cure "contagious blood poison" (the euphemistic term for syphilis), in 30 to 90 days. Whether the scarcity of medical advertising in the *Free Press* represents a definite policy or is accidental, we are unable to state.

On the other hand, the *Journal* and *News* are generous in their space to the nostrum sellers. In the former is a quarter-page display of Swamp Root, containing testimonials from four De-

troit druggists. These may be of interest and are here quoted:

Detroit, Mich., 3-24, 1908.

Dr. Kilmer & Co.,

Binghamton, N. Y.

Gentlemen:—Your Swamp-Root seems to enjoy the approval of the public to that extent that we are forced to the conclusion that you have a remedy of merit.

Respectfully,

GRAY & WORCESTER,

Detroit, Mich., March 24, 1908.

Dr. Kilmer & Co.,

Binghamton, N. Y.

Gentlemen:—For a great many years Dr. Kilmer's Swamp-Root has been one of our best sellers. It is one of those standard remedies that seems to have a larger sale each year.

Preparations like Swamp-Root must have merit as it is known to be an excellent repeater. We do not hesitate to recommend it to anyone suffering with kidney disease.

Very truly yours,

E. C. KINSEL.

Detroit, 3-24, 1908.

Dr. Kilmer & Co.,

Binghamton, N. Y.

We have handled Dr. Kilmer's Swamp-Root for years. We have always found this a steady seller. We believe it will do all you claim for it, etc.

CENTRAL DRUG CO.,

Prince.

Detroit, Mich., March 24, 1908.

Dr. Kilmer & Co.,

Binghamton, N. Y.

Gentlemen:—We have been selling Dr. Kilmer's Swamp-Root for several years and have found it to be one of the best Kidney Remedies on the market. We are selling more of Dr. Kilmer's than any other kind, and it seems to give entire satisfaction to our customers.

Respectfully yours,

GRUNOW & PATTERSON.

It would be interesting to know how these firms reconcile their attitude in this matter with their prescription patronage. It is also striking that the E. C. Kinsel concern does not "hesitate to

recommend it to anyone suffering with kidney disease." That counter prescribing is a frequent failing of druggists is well known, but that it is publicly acknowledged in this way seems a brazen act of shamelessness.

The Peruna advertisement is again to the front, emblazoned in the *Times*. Probably many temperance advocates are grateful to Dr. Hartmann for his bracing prescription, quite ignorant of the fact that they are imbibing a strongly alcoholic beverage. The literature embraces a description of a new preparation of Peruna in tablets, viz:

For two years Dr. Hartman and his assistants have labored incessantly to create Peruna in tablet form, and their strenuous efforts have just been crowned with success. People who object to liquid medicines can now secure Peruna tablets. These tablets represent the medicinal ingredients of Peruna, and each tablet is equivalent to one average dose.

The "incessant labors" of these gentlemen must have been humorous when they were attempting to triturate alcohol! It may safely be asserted that the identical ingredients of liquid Peruna made into tablets would fail to satisfy many of its habitués. But it would be quite possible to institute some other less volatile agent for the spirituous portion, and perhaps the Peruna tablet may become a worse evil than the decoction.

Mrs. Pinkham, through the kindness of the *Journal* and the *News*, still invites all sick women to write to her, and a Detroit lady is quoted to extol the merits of this time honored compound:

Mrs. Louise Jung, of 332 Chestnut St., Detroit, Mich., writes:

"I suffered from a very severe female weakness for a long time. Lydia E. Pinkham's Vegetable Compound restored my health. I hope it will do other women as much good as it has me."

We believe Mrs. Jung's hope will be fulfilled.

Another claimant in the *News'* columns is a little-known remedy, M. I. S. T. No. 2. We read an anatomist's (?) verdict and then the company's recommendation:

"I have given personal inspection to the working of M. I. S. T. on the human system, and must say that it entirely meets with my professional sanction.

D. H. LOOMIS, Late Demonstrator of Anatomy, Philadelphia Medical College.

We Guarantee M. I. S. T. No. 2 Will Cure or We Will Refund Your Money.

RHEUMATISM, no matter how long standing. Any case of Inflammation of the Bladder or Enlarged Prostate Gland, no matter if the patients have been for years forced to use a catheter. BLOOD POISON IN ANY STAGE. ANY CASE OF DIABETES.

Any case of Stricture without local treatment. In addition to the above M. I. S. T. No. 2 has cured many cases of Paralysis, Locomotor Ataxia, Spinal Trouble and apparently incurable diseases of the nerves and has removed from the system cancer and cancerous growths."

The *News* helps along the good cause by accepting the advertisement of Juven's Pills (for "vital weaknesses," etc.), Tarrant's Capsules, "for vaginal and urethral diseases," Dr. Eliza Laudau, expert in "irregularities" of women, and others of her ilk, Big G injection, etc. These represent the foulest type of medical advertisement and foster the degradation of morals and the propagation of disease. The *Journal* presents a similar lot, with some others for good measure.

The new form of medical advertisement, which aims to disarm suspicion and escape the caption of "nostrum," is a prescription, usually calling for one or more familiar (and harmless) drugs, plus some unheard-of ingredient, such as "Marmola," "Cardiol," "Kargol." In each instance the essential drug is one that the druggist can buy only of the manufacturer who makes it. The in-

genious ways in which the advertiser appeals to the public is here illustrated:

Fat Wives and Nervous Husbands.

(Article 1.)

Many home storms arise simply because the wife is fat. She, unfortunate soul, with unkempt hair and no corsets, making her laborious way between the kitchen and dining room, with all her fat, quivering, apologetically under her wrapper, makes fair game for hubby's sarcasm. On such occasions enough may be said to bring that home toppling down to the divorce court. This should be a warning to fat wives to reduce. Fortunately this is not much of a task since exercising and starvation have been rendered unnecessary by the Marmola Prescription. All a woman needs to do nowadays is get from her druggist $\frac{1}{2}$ oz. Marmola, $\frac{1}{2}$ oz. Fluid Extract Cascara Aromatic and $3\frac{1}{2}$ oz. Sirup Simplex, and take a teaspoonful after each meal and at bedtime.

Not only does the wily vendor incite the apprehension of the almost sick, but he prods the vanity of the fair sex and arouses their fear of conjugal infelicity.

In the *News* one Mr. Cooper sounds the knell of human ills, by touting the theory that a deranged stomach is at the bottom of them all, and the cure is Cooper's New Discovery. At the end of the advertisement one sees the note that the Michigan Drug Co. supplies the trade. This firm's name is also seen on other announcements, while the Kinsel, Central Drug, Grunow & Patterson and Gray & Worcester concerns are the retailers usually mentioned.

Among the old standbys which seem to withstand the siege of competition, reform and hard times are Hostetter's Bitters, S. S. S., Dr. King's New Discovery (which, by the way, no longer names consumption in its ad), Carter's Little Liver Pills, Beecham's Pills, Ayer's Sarsaparilla (non-alcoholic now, if you please), Castoria, Syrup of Figs, etc.

The *News* carries large display advertisements, with pictures, of Drs. Ken-

nedy and Kergan, and their familiar rigamarole; Dr. J. A. Lonsdale, who again thrums the chord of "strength, vitality, and manhood," and Dr. Guy Clifford Powell, who has discovered "how to use the mysterious and invisible nature forces for the cure of Deafness and Head Noises"!

Dr. G. C. McVoy reaches out for every class of patients, claiming to cure all chronic ailments, "no matter what the cause," and then making a special grab for the "lungers" by means of "Ozoline," the explanation of which is best given in the doctor's own words:

ONLY. APPLIANCE OF ITS KIND WEST OF NEW YORK

Supplies Health Giving Air of the Rocky Mountains.

HOW DR. McVOY CURES ASTHMA, BRONCHITIS AND LUNG TROUBLE.

Any person who has ever breathed the pure air of the Colorado mountains knows what it means in giving vitality, strength and exhilaration. Dr. G. C. McVoy, at 96-98 Broadway, has a mechanical device which, so far as known, is only one of its kind west of New York city, and the only device that produces an air purer and lighter than the wonderful atmosphere of Colorado. It produces a sterilized air (called Oxoline) mixed with ozone and filtered through a combination of antiseptic oils, which, when breathed into the throat, nose and lungs, bathes the affected parts with a healing, health-producing vapor that kills the germs and enriches the blood by giving it the vital strength needed.

In the modern crusade against tuberculosis, asthma, bronchitis and catarrh, the leading scientists have agreed with Dr. McVoy that these diseases can be cured in any climate by hygienic care and proper breathing. These diseases are caused by germs, and the only effective remedy is something that will reach directly to the diseased spot in the throat, lungs or bronchial tubes, and destroy and expel these germs.

This is done by Dr. McVoy's Ozoline. Dr.

McVoy's experience as a specialist in these diseases is too well known to be mentioned here. He is a physician of great success. Dr. McVoy invites any one who is interested to call at his office at 96-98 Broadway, where the workings of this marvelous device will be cheerfully demonstrated.

Looking over the rest of the collection, there is the Eczema cure by D. D. D. prescription (which reminds us of the tombstone over one Dr. Dudley's grave, inscribed with seven D's, which, translated, were "Do, dear devil, decently damn Dr. Dudley"!); Dr. Chase's Kidney and Liver Pills, Pyramid Pile Cure, Wheeler's Nerve Vitalizer (where-with is an instructive lecture on nerves), Rengo, the great fat reducer, and so forth, ad nauseam.

Thus the merry round continues; the newspaper assumes smug virtue in its editorial columns and caters to humbuggery and smut in its medical advertisements. It is a graft in the form of a vicious circle, pervading the daily press throughout the country. A few newspapers here and there have taken an admirable stand and have purged their columns, as mentioned from time to time in the *Journal of the American Medical Association*. In Detroit the *Free Press* and *Times* are less objectionable than the *News* and *Journal* and perhaps a judicious movement by physicians, clergymen and educators might improve matters. The wave of reform of late years has been powerful and its force is not yet spent; if properly turned to account it might do much to cleanse the morals and health of the community.



Manistee—June 24th and 25th.—As has been several times announced, the forty-third annual meeting of the State Society will be held on Wednesday and Thursday, the 24th and 25th of June, and we will be the guests of the Manistee County Society. This date was

fixed somewhat later than usual, at the request of the local committee, as they believe the weather will be more agreeable than might be the case during the last week in May. It is also expected that the summer railroad schedules will then be in force, giving several more opportunities in the twenty-four hours for reaching the "Salt City."

Positions on the program have been eagerly sought, the result being that the lists of papers for the medical and surgical sections were completed some weeks ago. At this writing there are still a few places open on the gynecological program.

The guest of honor will be Dr. Joseph C. Bloodgood, Associate Professor of Surgery in the Johns Hopkins University, Baltimore. Dr. Bloodgood will deliver an address on the evening of the first day. The Medical Section will have as guest of honor, Dr. Hugh T. Patrick, Clinical Professor of Nervous Diseases in the Northwestern University, Chicago, who will read a paper.

The business of the society will be done, for the most part, as usual, by the House of Delegates. The first meeting (and in many ways the most important) will be held on Tuesday evening, June 23d. Reports from the various standing committees will be heard and questions affecting the profession debated. County societies wishing to have any particular matters brought up and discussed should instruct their delegates accordingly.

The officers of the county societies should make an especial effort to attend the state meeting. It is probable that a meeting for the organization of the county secretaries will be held. Such an organization might meet next fall, for there are many questions which could be discussed by such a body with great profit.

The entertainment at Manistee will undoubtedly be one of the strong features. All who know the local members know that hospitality will not be lack-

ing. The social side of the annual meeting is perhaps the most valuable, at least it is second only to the instruction which may be had from attending the scientific meetings. There will be several opportunities for purely social intercourse and the local committee assures us that the gatherings will be unusually attractive. The committee also promises us that the fish will bite well on the day before and two days after the meeting.

The complete program and list of entertainment features will be published in the June issue. In the meantime it is to be hoped that each county society will plan to send a large delegation to Manistee.



Short Papers Are Remembered.—They are the papers which make an impression. It is seldom that any one has a message for a medical society which he cannot deliver in ten minutes or, at most, fifteen. Long case histories and long citations from authorities have no place at the ordinary medical meeting. Let the paper, as prepared for publication, be full and complete. Let the portion which is read contain the points which are to be emphasized with only such details as are pertinent. Make these stand out and an impression will be made which can never be achieved by a long and colorless essay. If a point can be illustrated, prepare a chart and give the audience something to look at. Often a few strokes of the crayon will save many hundreds of the pen. If you are preparing a paper for Manistee, remember these things and let it be your ambition to stimulate a discussion, rather than to say the last word.

Book Notices

Bier's Hyperemic Treatment. In Surgery, Medicine and the Specialties. A manual of its practical application. By Willy Meyer, M. D., New York, and Victor Schmieden, Berlin. Octavo, pp. 209. Philadelphia, W. B. Saunders & Co., 1908.

This is a timely book written by two men who have achieved distinction in this line of work. Meyer was one of the first in America to take up Bier's methods, and Schmieden, who is Bier's first assistant, has had ample first hand experience.

The text is divided into two parts. The first, in three chapters, deals with the advantages, the methods and the general rules. The second, in ten chapters, takes up the application of the methods in surgery, medicine and the specialties.

The text is concise and clear. The illustrations are excellent and abundant.

Every practitioner should familiarize himself with these methods. Many of the simpler ones can be applied at little cost and can be used anywhere. It will well repay anyone to read this book carefully.

The International Medical Annual. 1908. Quarto. 640 pages. Cloth. Price \$3.50. New York, E. B. Treat & Company, 1908.

Few books published are of greater value to the practitioner than the year books, for they give a resume of recent work which the conscientious man cannot afford to miss.

The International is one of the best and is especially strong on the work done in England. The subjects are arranged alphabetically, so that it makes it a handy reference book for the desk. It is well illustrated.

Notable contributions to this volume are the sections on opsonins by Emanuel, of Queen's Hospital and on passive hyperemia by Schmieden, assistant to Bier in Berlin.

Recommended.

Surgery: Its Principles and Practice. In five volumes. By 66 eminent surgeons. Edited by W. W. Keen, M. D., LL. D., Hon. F. R. C. S., Eng. and Edin., Emeritus Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Phila. Volume III. Octavo of 1132 pages, with 562 text-illustrations and 10 colored plates. Philadelphia and London: W. B. Saunders Company, 1908. Per volume: Cloth, \$7.00 net; Half Morocco, \$8.00 net.

The third volume of this excellent system has just appeared and the work sufficiently advanced to render a judgment on its value. Briefly, it may be justly said that thus far it fulfills expectations and that the completed work will give the surgical knowledge of today in as complete a form as is probably possible. The volumes have thus far been splendidly illustrated and the book making is all that can be desired.

The first chapters of the third volume are on the surgery of the head by Cushing. They consist of 276 pages and set forth in a particularly clear manner the latest advances in brain surgery, not a few of which have been worked out by the author. Most important progress has been made in this department and nowhere is it better described than here. He says, "the advance of neurological surgery is greatly impeded by the prevailing impression in regard to its dangers and futility—an impression due in a large measure to the unsuccessful attempts of the untrained and inexperienced."

Excellent chapters are those on the surgery of the neck by Andrews and on the thyroid gland by the younger Kocher. The surgery of the nose and throat is discussed by Harmon Smith and Brewer, the latter giving excellent sections on tracheoscopy, etc. Brewer also writes the chapters on the thorax. Finney contributes an excellent chapter on diseases of the breast, and Da Costa one on diseases of the tongue.

The discussion of abdominal surgery begins with the latter third of the volume. Munro writes the opening chapter on general considerations, the second on surgery of the abdominal wall and the third on the peritoneum and retroperitoneal space. They are all well written.

An important chapter is that on the esophagus by Gottstein of Breslau. Mayo Robson contributes 120 pages on the surgery of the stomach and the Mayos 75 on the liver and gall bladder. Needless to say that the chapters are complete and authoritative. The same may be said of the last two chapters of the volume on the pancreas and spleen by Moynihan.

Metabolism and Practical Medicine. By Carl von Noorden, Professor of the First Medical Clinic, University of Vienna. Vol. III. The Pathology of Metabolism by Carl von Noorden, H. Solomon, A. Schmidt, A. Czerny, H. Steinitz, C. Dopfer, M. Matthes, C. Neuberg, O. Loewe, and L. Mohr. Anglo-American issue under the editorship of J. Walker Hall, Professor of Pathology, University College, Bristol, England. 1320 pages. W. T. Keener & Co., Chicago, 1908. Price, \$7.

The third and concluding volume of this great work takes up diabetes, gout, and obesity by von Noorden, who also contributes to the chapter on diseases of the skin and on mineral waters. Neuberg discusses rarer derangements (pentosuria, lactosuria, etc.), oxaturia, phosphaturia. Children's diseases are discussed by Czerny and Steinitz, while Schmidt writes on cancer. A very important chapter on metabolism of the ductless glands is written by Levy; drugs and poisons by Loewe; while Solomon writes on the influences of light on metabolism. Nervous and mental diseases are discussed by Mohr.

This list indicates somewhat the scope of the volume. It remains to say that the work is a very important one, summarizing as it does, and making known to the English speaking profession, the enormous volume of work which has been done in this direction on the continent. The size of the present volume gives some idea of the enormous amount of literature which has been accumulated on the subject. It touches every branch of medical practice and it seems probable that much of our immediate progress, in internal medicine especially, will lie along these lines.

Without attempting to be exhaustive, these books cover a great number of topics, and afford somewhat more than an excellent outline of this immense and difficult subject.

The Treatment of Fractures: With Notes Upon a Few Common Dislocations. By Chas. L. Scudder, M. D., Surgeon to the Massachusetts General Hospital. Sixth Edition, Revised and Enlarged. Octavo volume of 635 pages, with 854 original illustrations. Philadelphia: W. B. Saunders Company, 1907. Polished Buckram. \$5.50 net.

The worth of Dr. Scudder's book on fractures needs no emphasis more potent than the fact of its present sixth edition in eight years. Its first edition attained immediate popularity, which successive issues have only increased; the author and his publishers have allowed no factor escape them, which would tend to enhance the usefulness of their standard work. It certainly has no superior as a compilation of terse advice concerning the pathology, diagnosis, and treatment of fractures; it follows the same regional arrangement as before, which is convenient, and the directions for applying splints and bandages are amplified still further by new illustrations. The art of dressings and bandages is nowhere better mastered than in Boston and there is little need

for diagrams when photographs portray such diagrammatic accuracy.

Scudder's work on fractures is notably up to date and continues to serve as the most generally useful guide to the subject.

A Text-book of Minor Surgery. Edward Milton Foote, A. M., M. D., Instructor in Surgery, College of Physicians and Surgeons, Visiting Surgeon, New York City Hospital, etc. Illustrated by 407 engravings from original drawings and photographs. Cloth, \$5.00. D. Appleton & Co., New York and London. 1908.

The author in his preface states a little appreciated truth when he says that the treatment of minor surgical ailments is seldom sufficiently described in ordinary text-books on surgery; also when he says that "this neglected field of minor surgery is the only one into which the average practitioner will ever enter, and is the one in which most surgeons will find the majority of their patients."

He aims to cover this particular field and in a volume of 750 pages does so in an exceptionally competent way. The arrangement is in eight sections, as follows: Affections of the Head; of the Neck; of the Trunk; of the Genito-urinary Organs; of the Anus and Rectum; of the Arm and Hand; of the Leg and Foot; Minor Surgical Technique.

The conspicuous feature of the book, that must appeal to every one who has need of it, is the explicitness of the text; no words are wasted, no unnecessary theorizing is introduced; there are many valuable hints in diagnosis, seldom found in surgical treatises, and a wealth of detail concerning treatment.

It is true, the volume contains matter relative to certain conditions that border upon or actually belong to major surgery. But this is not a fault, so long as such topics do not lessen the space given to strictly minor surgical ailments. The author's wide experience in his subject is reflected throughout, and lends especial value.

Progressive Medicine. A Quarterly Digest of Medical Science. Edited by H. A. Hare, M. D., and H. R. M. Landis, M. D. First Quarter, 1908. 282 pages. Philadelphia, Lea and Febiger, 1908.

This number begins the tenth year of *Progressive Medicine*. It is the best of the medical re-

views and should be widely read, for the four numbers of any year reflect medical advance in a most satisfactory manner. Not only are the important articles in the literature of each subject excellently epitomized, but there is also comment on these articles by the reviewers, all men of authority.

This volume contains five sections, as follows: Surgery of the Head, Neck and Thorax by Frazier; Infectious Diseases, including Acute Articular Rheumatism and Croupous Pneumonia, by Preble; Diseases of Children by Crandall; Rhinology and Laryngology by Kyle; Otology by Duel.

The Principles and Practice of Modern Otology. By John F. Barnhill, M. D., Professor of Otology, Laryngology, and Rhinology, Indiana University School of Medicine, and Ernest de W. Wales, B. S., M. D., Associate Professor of Otology, Laryngology and Rhinology, Indiana University School of Medicine. Octavo of 575 pages, with 305 original illustrations, many in colors. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, \$5.50 net; Half Morocco, \$7.00 net.

The following objects have been kept in view by the authors:

1. To modernize the subject.
2. To correct certain traditional beliefs.
3. To advocate the earliest possible prophylaxis or treatment.
4. To emphasize the importance of a thorough examination and a definite diagnosis as a basis for rational treatment.
5. To thoroughly illustrate the text.

In so far as the first four points are concerned it should be understood by itself that any book on any subject which does not fulfill these requirements is a priori obsolete, but unfortunately the authors are entitled to emphasize the object of their efforts because the whole subject-matter is treated by the medical profession at large with peculiar inappreciation, lack of enthusiasm and unjustified pessimism. Three hundred and five illustrations, and some of them in colors, add materially to the value of the volume. The illustrations are unusually clear and instructive, the various subjects are treated in an attractive manner and it is highly commendable that the book not only states what should be done but also what should not be done. All in all, the book represents a most commendable addition to our medical library. The general practitioner, as well as the specialist, cannot very well afford to be without it.

**Regular Meeting State Board of Health,
Friday, April 10, 1908, Lansing,
Michigan.**

The regular quarterly meeting of the Michigan State Board of Health was called to order at two o'clock, April 10, 1908, in the office of the Secretary at Lansing, Michigan, the members present being: President Angus McLean, M. D., of Detroit; Vice-President Malcolm Sinclair, of Grand Rapids; Mr. Charles M. Ranger, of Battle Creek; Aaron R. Wheeler, M. D., of St. Louis, and Secretary Shumway, of Lansing.

Because of the large number of foreigners, over 500,000 within our borders, about eight per cent of whom can neither read nor write English, and because of the frequent outbreaks of contagious diseases among this ignorant and helpless class, the Board by resolution has authorized the Secretary to have printed and issued in several foreign languages instructions bearing on the contagious character of the preventable diseases and the methods of preventing their spread. Letters from various physicians in those parts of the State where the foreign element is conspicuous have suggested the great need of this step; and the department will furnish free such number of these pamphlets in foreign languages as may be deemed useful in any locality.

By resolution, the Board also authorized the Secretary to issue placards for posting in public places, wherever factories, depots and other public institutions may find it useful to disseminate information regarding the danger of the spitting habit, and the spread and prevention of tuberculosis. Such notices are designed to catch the public eye, and with a few brief statements to arouse public curiosity and interest, and to impress the public with the facts of tuberculosis, its high mortality rate and preventability.

Rules and regulations for the control

of the bacteriological laboratory were adopted by the Board, designating who are eligible to send in material, in what manner it shall be sent, and what the conduct of the laboratory shall be.

The date for the next embalmer's examination has been fixed for three days, May 20, 21 and 22, to be held in Detroit.

Mr. Ranger was appointed a committee to confer with various undertakers relative to the change and improvement of the transit permit blanks.

Three licensed embalmers, two holding licenses from Ohio and one from Indiana, were granted reciprocal licenses to practice the art of embalming in the State of Michigan.

The War on Tuberculosis

In this department, which will appear from time to time, brief and suggestive notes will be made touching on the economic side of the combat against tuberculosis. The notes are, for the most part, clipped from our exchanges.

The committee on the prevention of tuberculosis of the Charity Organization Society of New York announce that the first season of the old Staten Island ferryboat Southfield as a hospital for the treatment of tuberculosis patients was a success. The hospital was in operation from June 13 to October 31, and during that time 242 patients were treated.

The Ladies' Auxiliary of the West Virginia Anti-Tuberculosis League is the latest move along that line. The object of the organization is the furtherance of the good work inaugurated by the League, and is one of the most important movements ever inaugurated in the State.

The State Health Department of New York recently held a tuberculosis exhibit in Utica to assist the State Charities' Aid Association in educating the public in that vicinity.

A department for the instruction of pupils on how to avoid tuberculosis has been introduced into the public schools of Pittsburg. The expense will be met by a number of wealthy men of the city, who will also conduct a sanatorium.

The open air fight on tuberculosis at Minneapolis has reduced the death-rate in five years from 116 to 96 to 1,000.

Dr. L. Farrand, New York, advocates in the campaign against tuberculosis, the use of leaflets, handbooks, etc., adapted to special classes in the community and in the various languages; also the use of exhibitions, stereoscopic and otherwise, by which public attention can be directed to the dangers of this disease. The cost of these would be comparatively small and their continuous use would be effective. He would also employ the method of public lectures and meetings, insertion of popular articles in the newspapers, posters, the use of advertising space on tickets, street car transfers, etc., which has been given in New York City to a certain extent by advertising agents, who have become interested in the campaign. The co-operation of the churches should be asked and all other means of properly advertising the subject that can be devised.

The first of the great sanatoria planned by the State of Pennsylvania in its battle against tuberculosis has taken definite form at Mount Alto. A well-equipped infirmary and model cottages, are being rapidly erected, in which a model sewerage plant will be installed. Already \$2,000,000 have been appropriated and more will follow.

The Morgan County Medical Society at a recent meeting in New Decatur, Ala., organized an auxiliary society in the study of tuberculosis. This society will act in conjunction with the State Medical Association in the fight against tuberculosis.

Dr. T. J. Roddick, of Montreal, ex-president of the British Medical Association, has been accredited with the statement that within twenty-five years, providing adequate measures for its elimination are adopted, a case of consumption will be a curiosity. When one considers that to-day the mortality from tubercular disease puts consumption at the head of the death list, Dr. Roddick's prophecy seems unduly sanguine. So much is being accomplished, however, in the warfare waged against this scourge, that it is not only possible, but probable.

It is encouraging to note that Gov. Swanson, of Virginia, will urge upon the approaching General Assembly the importance of action looking to the inauguration by the State of a vigorous campaign against tuberculosis. That such a campaign cannot be entered upon too soon or prosecuted too vigorously does not admit of argument.

New York has adopted a novel plan for the relief of its vast army of tubercular patients. Old ferry-boats which have passed the stage of usefulness as common carriers will be converted into floating hospitals. A trained nurse, with a visiting physician, has charge of each boat when outfitted by the Charity Organization, and patients are recruited from the Associated Tuberculosis Dispensaries.

"The Cause and Prevention of Consumption" is the title of a splendid pamphlet written for the laity and published by the Illinois State Board of Health. Write for one to the Secretary of the Board at Springfield, and enclose stamp.

The exhibit of the American Association for the Prevention of Tuberculosis is now at Lexington, Ky.

The Central Committee of the International Congress on Tuberculosis has announced the offer of the following prizes:

I. A prize of \$1,000 is offered for the best evidence of effective work in the prevention or relief of tuberculosis by any voluntary association since the last International Congress in 1905. In addition to the prize of \$1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

Evidence is to include all forms of printed matter, educational leaflets, etc.; report showing increase of membership, organization, classes reached—such as labor unions, schools, churches, etc.; lectures given; influence in stimulating local Boards of Health, schools, dispensaries, hospitals for the care of tuberculosis; newspaper clippings of meetings held; methods of raising money; method of keeping accounts.

Each competitor must present a brief or report in printed form. No formal announcement of intention to compete is required.

II. A prize of \$1,000 is offered for the best exhibit of an existing sanatorium for the treatment of curable cases of tuberculosis among the working classes. In addition to the prize of \$1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

The exhibit must show in detail construction, equipment, management, and results obtained. Each competitor must present a brief or report in printed form.

III. A prize of \$1,000 is offered for the best exhibit of a furnished house, for a family or group of families of the working class, designed

in the interest of the crusade against tuberculosis. In addition to the prize of \$1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award. This prize is designed to stimulate efforts towards securing a maximum of sun-light ventilation, proper heating, and general sanitary arrangement for an inexpensive home. A model of house and furnishing is required. Each competitor must present a brief with drawings, specifications, estimates, etc., with an explanation of points of special excellence. Entry may be made under competitor's own name.

IV. A prize of \$1,000 is offered for the best exhibit of a dispensary or kindred institution for the treatment of the tuberculous poor. In addition to the prize of \$1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

The exhibit must show in detail construction, equipment, management, and results obtained. Each competitor must present a brief or report in printed form.

V. A prize of \$1,000 is offered for the best exhibit of a hospital for the treatment of advanced pulmonary tuberculosis. In addition to the prize of \$1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

The exhibit must show in detail construction, equipment, management and results obtained. Each competitor must present a brief or report in printed form.

VI. The Hodgkins Fund Prize of \$1,500 is offered by the Smithsonian Institution for the best treatise that may be submitted on "The Relation of Atmospheric Air to Tuberculosis."

The detailed definition of this prize may be obtained from the Secretary-General of the International Congress or Secretary of the Smithsonian Institution, Chas. D. Walcott.

VII. Prizes for Educational Leaflets:

A prize of \$100 is offered for the best educational leaflet submitted in each of the seven classes defined below. In addition to the prize of \$100, a gold medal and two silver medals will be awarded in each class. Each prize and medal will be accompanied by a diploma or certificate of award.

Competitors must be entered under assumed names.

A. For adults generally (not to exceed 1,000 words).

B. For teachers (not to exceed 2,000 words).

C. For mothers (not to exceed 1,000 words).

D. For in-door workers (not to exceed 1,000 words).

E. For dairy farmers (not to exceed 1,000 words).

F. For school children in grammar school grades (not to exceed 500 words).

In classes A, B, C, D, E, and F, brevity of statement without sacrifice of clearness will be of weight in awarding. All leaflets entered must be printed in the form they are designed to take.

G. Pictorial booklet for school children in primary grades and for the nursery.

Class G is designed to produce an artistic picture-book for children, extolling the value of fresh air, sun-light, cleanliness, etc., and showing contrasting conditions. "Slovenly Peter" has been suggested as a possible type. Entry may be made in the form of original designs without printing.

VIII. A gold medal and two silver medals are offered for the best exhibits sent in by any States of the United States, illustrating effective organization for the restriction of tuberculosis. Each medal will be accompanied by a diploma or certificate of award.

IX. A gold medal and two silver medals are offered for the best exhibits sent in by any State or Country (the United States excluded), illustrating effective organization for the restriction of tuberculosis. Each medal will be accompanied by a diploma or certificate of award.

X. A gold medal and two silver medals are offered for each of the following exhibits; each medal will be accompanied by a diploma or certificate of award; wherever possible each competitor is required to file a brief or printed report:

A. For the best contribution to the pathological exhibit.

B. For the best exhibit of laws and ordinances in force June 1st, 1908, for the prevention of tuberculosis by any State of the United States. Brief required.

C. For the best exhibit of laws and ordinances in force June 1st, 1908, for the prevention of tuberculosis by any State or Country (the United States excluded). Brief required.

E. For the society engaged in the crusade

against tuberculosis having the largest membership in relation to population. Brief required.

F. For the plans which have been proven best for raising money for the crusade against tuberculosis. Brief required.

G. For the best exhibit of a passenger railway car in the interests of the crusade against tuberculosis. Brief required.

H. For the best plans for employment for arrested cases of tuberculosis. Brief required.

XI. Prizes of two gold medals and three silver medals will be awarded for the best exhibit of a work-shop or factory in the interest of the crusade against tuberculosis. These medals will be accompanied by diplomas or certificates of award.

The exhibit must show in detail construction, equipment, management, and results obtained. Each competitor must present a brief or report in printed form.

The following constitute the Committee on Prizes:

Dr. Charles J. Hatfield, Philadelphia, Chairman.
 Dr. Thomas G. Ashton, Philadelphia, Secretary.
 Dr. Edward R. Baldwin, Saranac Lake.
 Dr. Sherman G. Bonney, Denver.
 Dr. John L. Dawson, Charleston, S. C.
 Dr. H. B. Favill, Chicago.
 Dr. John B. Hawes, 2nd, Boston.
 Dr. H. D. Holton, Brattleboro.
 Dr. E. C. Levy, Richmond, Virginia.
 Dr. Charles L. Minor, Asheville, N. C.
 Dr. Estes Nichols, Augusta, Me.
 Dr. M. J. Rosenau, Washington.
 Dr. J. Madison Taylor, Philadelphia.
 Dr. William S. Thayer, Baltimore.
 Dr. Louis M. Warfield, St. Louis.

County Society News

Dickinson-Iron.

At the meeting at Crystal Falls, on April 10, 1908, the following officers were elected:

President, Dr. J. B. Brasseur, Norway.
 Vice-President, Dr. A. M. Darling, Crystal Falls.

Secretary-Treasurer, Dr. H. Newkirke, Iron Mountain.

H. NEWKIRKE, Sec'y.

Ionia.

NEW FEE BILL FOR IONIA COUNTY.

As adopted by the County Medical Society, November 14, 1907.

Each city or village to establish its own fees for calls and prescriptions in their respective places.

1. The call for Ionia City\$ 1.50
 Night visit 2.00
2. The call for Belding City..... 1.00
 Night visit 1.50
3. Country calls, the visit 1.00
 Mileage, 50c a mile one way. Distance to be measured from the physician's office.
4. Office prescriptions with medicine 75c up.
5. Physical examinations\$1.00 to 5.00
6. Consultations\$5.00 to 10.00
7. Administering Anesthetic—
 8. Dental Cases 5.00
 9. Minor Surgery 5.00
 10. Major Surgery.....\$10.00 to 25.00
 11. Obstetric Cases, fee for assistant 5.00
12. Obstetric visits not exceeding 5 hours. 10.00
13. Each hour of detention over 5 hours to be, per hour 1.00
14. All subsequent visits to be charged at regular call rates.
15. For giving Chloroform or Anesthetic in labor or miscarriage..... 5.00
16. Applying forceps or instrumental delivery or delivery other than normal. 5.00
17. For immediate relief of lacerated perineum 5.00

CONTAGIOUS DISEASES.

18. Visit in Diphtheria 2.00
19. Visit in Scarlet Fever 2.00
20. Visit in Small Pox 5.00
21. Visit each additional case in same family, half of visit.
22. Consultation in contagious diseases.... 10.00

SURGERY.

23. Applying cast to arm or leg...\$5.00 to 10.00
24. Applying cast to body, \$10.00 up.
25. Fracture of Femur(1st setting)..... 50.00
26. Fracture of Tibia and Fibula..... 50.00
27. Fracture of Humerus 25.00

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| 28. Fracture of Forearm (simple fracture) 25.00 | 63. Way calls, 1st call \$1.50. All subsequent calls, regular rates. |
| 29. Compound, complicated or comminuted fracture, \$15.00 to \$25.00 extra. | 64. Prescribing for other members of family when making regular calls. Each up from..... .50 |
| 30. Fracture of Clavicle 25.00 | 65. Testifying in Criminal Cases..\$15.00 to 50.00 |
| 31. Amputation of breast 50.00 | 65. Prescriptions in Gonorrhoeal cases. |
| 32. Capital amputation\$50.00 to 100.00 | First prescription..... 2.00 |
| 33. Amputation of Phalanges, each..... 10.00 | Subsequent prescriptions, each..... 1.00 |
| 34. Amputation of Uvula.....\$3.00 to 5.00 | 66. Examination for Life Insurance, old line 5.00 |
| 35. Assisting in important surgical operations\$10.00 to 25.00 | |
| 36. Excision of tonsil 10.00 | |
| 37. Operations for Necrosis or Exostosis.. \$25.00 to 50.00 | |
| 38. Operations for hare-lip..... 25.00 | |
| 39. Operations for strangulated Hernia... 50.00 | |
| 40. Operations for lacerated Cervix..... \$25.00 to 50.00 | |
| 41. Operations for Perineum incomplete.. \$25.00 to 50.00 | |
| 42. Operations for Fistula-in-ano..... 25.00 | |
| 43. Operations for Strabismus 25.00 | |
| 44. Operations for Pterygium..... 25.00 | |
| 45. Operations for Paracentesis of eye... 25.00 | |
| 46. Operations for ligation of Hemorrhoids.....\$15.00 to 25.00 | |
| 47. Operations for Lithotomy.....100.00 | |
| 48. Operations for Circumcision..... 10.00 | |
| 49. Operations for Trephining skull..... 50.00 | |
| 50. Operations for Mastoid..... 50.00 | |
| 51. Operations for Radical Cure of Hernia 50.00 | |
| 52. Operations for Post Mortem..... 10.00 | |
| 53. Operations for Post Mortem for Coroner 25.00 | |
| 54. Operations for resection of joint..... \$25.00 to 50.00 | |
| 55. Operations for removing Adenoids... 25.00 | |
| 56. Operations for Tracheotomy and intubation.....\$25.00 to 50.00 | |
| 57. Operations for tapping Hydrocele.... 10.00 | |
| 58. Operations for removing foreign bodies from eye, ear, nose or throat.\$1.00 to 5.00 | |
| 59. Reducing dislocation of the hip..... 50.00 | |
| 60. Reducing dislocation of the shoulder up from..... 15.00 | |
| 61. Reducing dislocation of the elbow, ankle or knee.....\$15.00 to 25.00 | |
| 62. Reducing Hernia by Taxis...\$5.00 to 20.00 | |

C. S. COPE, Secy.

Kalamazoo Academy.

During the present year, a number of distinguished physicians from different parts of the State, have kindly presented papers before the Academy. Among those from outside of the city were Dr. C. B. Burr, Dr. Louis J. Hirschman, Dr. Andrew P. Biddle and Dr. F. R. Zeit of Chicago. It is a plan of the Academy to have at each monthly meeting a paper by a non-resident physician and two papers by local members.

The Academy has also held special, weekly, evening meetings. On Thursday, March 12th, Some Important Diseases of the Glands of Internal Secretion were taken up and a number of interesting cases were reported. Dr. Blanche Eppler had charge of the evening.

The regular monthly meeting of the Academy was held March 10th. Dr. Victor C. Vaughan of Ann Arbor read a paper on Poisonous Proteids. He divides immunity into three classes. First, Anti-toxic Immunity. Second, Phagocytic Immunity. Third, Bacteriolytic.

Of the latter he spoke in particular. He has found that all proteids may be divided into a poisonous and a non-poisonous part, the former giving the characteristic proteid poison symptoms; namely: First stage, that of Peripheral Irritation. Second, that of stupor and partial paralysis. Third, that of convulsions and asphyxia. The latter non-poisonous part he believes to be a specific, that it produces immunity to a certain extent against the poisonous portion of the proteid in question and that when it is introduced into the body, it causes certain cells, which he thinks may be the mesoblastic cells of the blood vessels to produce a ferment so that when a similar proteid is introduced into the body, it is immediately broken up by this ferment.

The proteid portion of the typhoid germ may

be also broken up into poisonous and non-poisonous portions. The latter when introduced into the body produces a ferment that will destroy the typhoid germs thus preventing their multiplication, if they should be introduced into the body.

He believes that the untoward effects sometimes produced in giving diphtheria antitoxin due to giving the second dose twelve days or more after the first dose. The first dose causes a ferment to be formed which acts against the blood serum of the horse, it requiring twelve days for the formation of this ferment. If more blood serum is introduced after this, it is immediately broken up into poisonous and non-poisonous substances, the poisonous portion producing the bad effects.

He thinks that smallpox vaccine causes a ferment to be formed which destroys the smallpox poison.

G. F. INCH, Secy.

Kent.

The Kent County Medical Society has appointed a Pure Milk Commission, which is endeavoring to obtain better milk inspection and certified milk.

The Society is endeavoring, through its Committee, to induce the Board of Police and Fire Commissioners to appoint an Ambulance Surgeon who shall accompany the Ambulance on all its runs and render first aid to injured parties while being conveyed to the hospital.

At the last meeting of the Society a fund of twenty-five dollars was raised for the purpose of securing evidence for the prosecution of illegal practitioners and quacks.

The Society recently appointed a Committee to confer with the Board of Education and endeavor to have them appoint a Staff of Physicians who shall, during the next school year, deliver a course of lectures to the High School students upon Social Evils and Disease, Hygiene, Infectious Diseases and such other subjects as they may deem important. F. C. WARSHUIS, Secy.

Marquette.

MARQUETTE, MICH., February 27, 1906.

Whereas, The attempts have been made to establish contract lodge practice in Marquette and Alger counties. It is the opinion of this Society that such practice is detrimental and degrading to the members of our profession; therefore, be it

Resolved, By the Marquette-Alger County Medical Society at this meeting that no members of this Society be permitted to enter into contract relations with such societies or lodges; and, be it further

Resolved, That no physician holding contract be eligible to membership in the Marquette-Alger County Medical Society; be it further

Resolved, That no member of the Marquette-Alger County Medical Society be permitted to consult with any physician doing such contract practice.

H. J. HORNBOKEN, Sec'y.

Montcalm.

The Montcalm County Society held a very excellent meeting at Lakeview, Thursday, April 9th. A good program was rendered, including a paper by Dr. E. A. Stimpson of Eaton Rapids, on "The Psychic Treatment of Nervous Diseases." Our July meeting will be a purely social one, at Baldwin Lake, Greenville. The ladies will come and a basket picnic will be held.

H. L. BOWER, Sec'y.

Oakland.

The Oakland County Medical Society held the adjourned regular March meeting in the Supervisors' rooms in the Court House at Pontiac, March 31st, at 2 p. m. A good attendance was present and an excellent program was rendered.

Dr. C. P. Felshaw of Holly read a paper on "Pneumonia."

Dr. T. E. McDonald of Holly read a paper on "The Advantages of a Fee Bill."

Dr. J. J. Murphy reported three cases of Placenta Previa.

Dr. R. Y. Ferguson reported a case of Cicatricial Adherent Prepuce in an adult.

The discussion of each number was general and generous.

A committee of three, consisting of the President, Dr. T. W. MacKinnon; the vice-President, Dr. T. E. McDonald, and the Secretary, Dr. C. D. Morris, was appointed to report at the next regular meeting the advisability of a fee bill for the county.

Dr. J. C. Black of Milford was appointed as the delegate to attend the Michigan State Medical Society meeting in Manistee next June, and Dr. N. I. Baker of Milford as the alternate delegate.

C. D. MORRIS, Secy.

St. Joseph.

The following letter was recently sent to all physicians in St. Joseph County:

St. Joseph County Medical Society will meet at Centreville, Tuesday, April 28, 1908. A special effort is being made to have every practicing physician in the county present. *This means you, Doctor.*

A good program is assured, papers with assigned discussions followed by a general discussion. The program will be by home talent.

Doctor, there is strength in organization. By meeting each other and exchanging ideas, we can do better work. We shall expect you at the meeting at Centreville, Tuesday, April 28, 1908, and also request that you bring us a good live idea. Look for the program. It will be out soon.

Respectfully submitted,

L. L. CAHILL, Secy.

By order of Pres. L. K. SLOTE, M. D.

Wayne.

At the March meeting of the Surgical Section, Dr. H. L. Begle presented a paper on "Facial Expression."

Abstract:—

In the diagnosis and prognosis of disease and in the management of his patient, the physician will be greatly assisted by a careful observation of facial contour and facial expression. Few diseases fail to leave signs of their presence in the face. In some conditions the signs are pathognomic, in many conditions they are, to say the least, suggestive.

To accurately observe facial contour and analyze facial expression, a broad knowledge is necessary of the face, as furnished by the sciences of anatomy, comparative anatomy, embryology, anthropology, physiology, pathology and psychology. A study of the principle of structural variation with reference to the bony and soft parts of the face, along racial, familial, sexual and individual lines; an appreciation of the influence of the special sense-organs and of the functions of vision, respiration and mastication in molding and developing the face; and a knowledge of the psychology of facial expression, are of aid in affording a basis for proper observation and analysis.

It is scarcely appreciated to what an extent the functions of the eyes, nose and mouth influence the development of the face. Symmetry, propor-

tion and full development depend largely upon normal vision, respiration and mastication. To errors of refraction and muscular "imbalance," nasal obstruction, and malocclusion of the teeth may be frequently attributed asymmetry, lack of proportion, arrest of development and deformity.

Nystagmus as a Symptom was the subject of a paper by Dr. J. E. Gleason.

Abstract.

There have always been recognized two forms of nystagmus,—undulatory and rhythmic. In the former the movements of the eye to each side of a fixed point are equal as regards extent and time. In the latter the extent of movement is the same, but the time is different. It is "steady by jerks." Clinically nystagmus has the following classifications: (1) Voluntary, (2) physiological, (3) optical, (4) with paresis of the eye muscles, (5) with disease of the central nervous system, such as hereditary ataxia, and insular sclerosis, tumors of the cerebellum, fourth ventricle, pons, acustica and hypophysis, (6) in photophobia, (7) with conjunctivitis, (8) in reflex ischaemia of the head, (9) in diseases of the vestibular part of the ear. Barany has discovered that the irritability of the vestibular apparatus may be tested by syringing the ear with hot and cold water. Cold water produces nystagmus toward the opposite side, hot water toward the same side. Clinically, in the manifestation of an involvement of the internal ear nystagmus may be seen as follows:

1. Initial Stage.—Irritability plus. Nystagmus undecided.
2. Stage of Inflammatory Irritation.—Irritability plus. Nystagmus to the diseased side.
3. State of Inflammatory Paresis.—Irritability plus. Nystagmus to sound side.
4. Return of Function.—Irritability plus. Nystagmus to both sides. Later to diseased side.
5. Healing.—Irritability plus. No nystagmus.

The importance of knowledge regarding the condition of the labyrinth in preventing intracranial complications of suppurative diseases of the middle ear is obvious. The differential diagnosis between cerebellar abscess and ear suppuration is often rendered possible by differences in the nystagmus produced.

The discussion of both papers was opened by Dr. Anna Odell and Dr. Ray Connor. Drs. Walter Parker, Hickey, Amberg, H. H. Sanderson,

Livingstone, Leartus Connor, and Longyear also took part in the discussion.

Dr. Parker reported a case of sarcoma of the conjunctiva. Dr. Longyear reported a case of dermoid cyst of the ovary removed during pregnancy and exhibited the specimen.

CLARENCE E. SIMPSON, Sec.

Correspondence.

TO THE SECRETARY:

In accordance with the suggestion in your circular letter I take pleasure in reporting to you for publication in the JOURNAL, if you so desire, the success we have achieved so far in this community in the movement against contract practice.

Last year in the reports published in the JOURNAL the City of Pontiac occupied a position that was certainly very humiliating to the profession here, and having this in mind and believing that we had about reached a point that was the limit of tolerance, a movement was instituted in the Pontiac Medical Society having its objective the complete and permanent suppression in this city of the most disastrous of all professional abuses.

A committee for this purpose was appointed and an agreement drawn up covering as they believed every phase of the situation. I will enclose you a copy of the same for publication.

Every member of the Pontiac Medical Society, and this includes every regular practitioner in the city, in general or special practice, signed it willingly.

Surely this should be gratifying to us and encouraging to places that are similarly burdened with such business. Not a single regular physician in the city who was not willing, in some instances even to make a personal sacrifice for the benefit of the profession at large.

The bond of honorable and upright dealing one with another will, we believe, be carried out in this agreement at the date it becomes operative.

That you may realize the magnitude to which contract practice has grown in this community, and understand what its suppression means to us, I will append a fairly accurate list of the lodges and societies that have been preying upon a supposedly dignified profession:

Eagles, about 200, \$2.00 per year includes medi-

cal care, without medicine supplied, of member and entire family.

Foresters Independent, about 100, \$1.50 per member and patient finds medicine.

Foresters Court A, about 193, \$1.00 per member and medicine furnished by physician.

Foresters Court B, about 700, \$1.50 per member and physician finds medicine.

Foresters Lady, about 424, \$1.50 per member, physician finds medicine.

Owls, about 50, \$1.50 per member; includes medicine.

Making a total of about 1,667 people in this city of 10,000 people, excluding state institution, who are taken care of, when sick, for the modest sum of one dollar and a half or less and medicine thrown in.

Add to this total the family included in this one lodge and we find that not less than twenty per cent of our population have medical services provided for them for a sum of about \$2,500. There are five physicians engaged in the contract practice out of a total in the city of sixteen regular, two specialists, four homeopaths, and three osteopaths.

Yours truly,

R. Y. FERGUSON,
Secy Pontiac Medical Society.

PONTIAC, MICH., Feb. 28, 1908.

We, the members of the Pontiac Medical Society, each and all of us do hereby covenant and agree to abstain from the so-called Lodge or Contract Practice after the 31st day of December, 1908, thenceforth continually.

By the term Lodge or Contract Practice is understood the rendering of professional services to Lodges, Societies, Orders or Corporations on the plan of a definite fee for an indefinite amount of service, or for such fees as are less than the conventional fees established by usage and adopted by the Pontiac Medical Society October 15th, 1907.

We also agree, when the proper time arrives, to vote for such an amendment to the Constitution of the Pontiac Medical Society as will preclude new members of the Society from engaging in such practice.

It is also understood that there is nothing in this agreement that will prohibit any member of the Pontiac Medical Society from acting as physician to any Lodge, Society, Order or Corporation, providing he secures for his compensation such amounts as are mentioned in the Fee Bill adopted

by the Pontiac Medical Society on October 15th, 1907.

This agreement only goes into effect if signed by all the members of the Pontiac Medical Society engaged in the regular practice of medicine in Pontiac, at the date of the execution of this agreement.

WILLIAM MCCARROLL,	GEO. W. CHISHOLM,
MASON W. GRAY,	E. ORTON,
NATHAN B. COLVIN,	JOHN D. RIKER,
GEO. H. DRAKE,	D. G. CASTELL,
R. LE. BARON,	F. S. BACHELDER,
STUART E. GALBRAITH,	J. MORSE,
JAMES J. MURPHY,	E. A. CHRISTIAN,
CARLTON D. MORRIS,	EDWARD C. GREEN,
R. Y. FERGUSON,	V. H. WELLS,
H. S. CHAPMAN,	H. C. GUILLOT.

CHICAGO, ILLS., April 22, 1908.

To the Alumni of the Kentucky School of Medicine:

During the meeting of the American Medical Association there will be a reunion and banquet of the alumni of our college at the Auditorium Hotel, June 2, 1908, at 6:30 p. m.

The members of the faculty will be present, and hope to meet the alumni from the entire country.

An attractive musical program is being arranged and there will be addresses from the alumni and members of the faculty.

Address all communications to the Secretary of the Alumni Committee, appointed by the American Medical Association for the Kentucky School of Medicine.

J. R. PENNINGTON,
103 State St.

CHICAGO, April 22, 1908.

To the Alumni of the Northwestern University Medical School:

The approaching meeting of the American Association will be held in Chicago, June 2-5, 1908. The Northwestern University Medical School is fortunate this year in having a combination of the Alumni Week with a meeting of the American Medical Association. One of the special features of this session of the American Medical Association is to be a series of alumni reunions of the different medical colleges in this country. Owing to the central location of Chicago and its unusual opportunities, we anticipate a larger attendance

than usual. A cordial invitation is extended to every graduate of the Northwestern University Medical School to be present at the annual alumni dinner which will be held on Tuesday evening, June 2, at 6 p. m., at the New Illinois Athletic Club, 145 Michigan avenue.

ROBERT T. GILLMORE,
Chairman Alumni Week Committee.

FREDERICK R. GREEN,
Member of Alumni Committee for the N. W.
University Medical School.

News

Many cases of typhoid fever have been reported in St. Joseph and Benton Harbor.

Dr. Scott F. Hodge, Detroit, convicted in August, 1904, of malpractice in performing a criminal operation, and committed to the Ionia Reformatory for a minimum of six years, was released on March 1. The State Board of Medical Registration has decided that his right to practise medicine is forfeited.

An epidemic of smallpox has visited Cottrellville, necessitating quarantine and the closing of schools.

The *North Carolina Medical Journal* and the *Charlotte Medical Journal* have been merged in one publication known under the latter title.

Another merger of medical schools in Indiana has been effected, between the Indiana Medical College, connected with Purdue University, and the Indiana University School of Medicine, the combined schools to bear the latter name.

The Woman's Hospital of Detroit has received an endowment for a laboratory and funds to defray running expenses for a term of years.

Dr. H. A. Barbour, of Wyandotte, has removed to Bristol, Indiana.

Mercy Hospital in Big Rapids has been totally ruined by fire.

A dispensary for the treatment of tuberculosis has been started in Detroit in a crowded section of the east side, by Dr. E. L. Shurly. Funds for the maintenance of the dispensary have been given by private individuals.

The following list of officers has been chosen for the new Michigan Association for the Study

and Prevention of Tuberculosis: President, Dr. C. G. Jennings, Detroit; First Vice-President, Mrs. Huntley Russell, Grand Rapids; Second Vice-President, Dr. A. Abrams, Dollar Bay; Secretary, Dr. A. S. Warthin, Ann Arbor; Treasurer, Dr. H. J. Hartz; Executive Committee, Dr. V. C. Vaughan, Ann Arbor; Dr. E. Heineman, Detroit; Dr. Shumway, Lansing; Dr. Guy Kiefer, Detroit; Mrs. Huntley Russell, Grand Rapids. The President and Secretary are ex-officio members of the Executive Committee.

The Alumni Clinic Week of the Detroit College of Medicine will be held May 20-28. The following out-of-town men will take part: Dr. J. B. Deaver and Dr. H. A. Hare, Philadelphia; Dr. Max Einhorn, New York; Dr. Frank Billings, Dr. J. Zeisler and Dr. Robt. H. Babcock, of Chicago; Dr. Geo. W. Crile, Cleveland.

Dr. J. Roach, of Owosso, has removed to Detroit.

The University of Michigan is to have new buildings for the departments of dentistry and chemistry.

Dr. H. W. Yates, Detroit, is in Europe.

Dr. W. D. Lyman, of Grand Rapids, was recently appointed Assistant Surgeon in the State National Guard.

At the last city election in Ionia, Dr. George P. Winchell was elected Mayor, and Dr. George More, City Physician. Both are members of the County Society.

Marriages

Sidney H. Culver, M. D., Mason, to Miss Laura Gwin, of Kosciusko, Miss., March 2.

William Lowthian, M. D., Unionville, to Miss Mary P. Brookfield of Springfield, Mo., recently.

George C. Griffis, M. D., to Miss Edna Esther Benjamin, both of Detroit, February 19.

Deaths

Richard C. Traver, M. D., died at his home in Somerset Center, March 18, from pneumonia, after an illness of ten days.

Frank A. Howig, M. D., a retired practitioner of Big Rapids, died at his home December 10, 1907, aged 79.

Marcena A. Carroll, M. D., died at his home in Ludington, April 1, from pneumonia, aged 54.

Charles T. Bennett, M. D., of Battle Creek, died suddenly, April 1, from cerebral hemorrhage, aged 70.

Wilbur Gillett, M. D., of Detroit, died in St. Mary's Hospital from cerebral hemorrhage, April 1, aged 56.

A. P. McConnell, M. D., of Ludington, the oldest physician in Mason county, died March 25, aged 82.

A. L. Compton, M. D., of Morrice, dropped dead on a railroad train recently, aged 35.

Obituary

Dr. Hugh McColl, a member of the Lapeer County Medical Society and an honorary member of the State Society, died at his home in London, Ontario, April 19, 1908, aged 64 years.

Dr. McColl suffered from a severe illness four years ago, and retiring from practice made his home with his mother and sister in London. He graduated at Bellevue Hospital College, New York City, in 1871, afterwards taking post graduate work in England and Germany. He was an elder in the Presbyterian church at Lapeer, for over twenty years. He was a man of strong and attractive personality, firm in his convictions, but as humble and gentle as a child. Few men were endeared to old and young alike as he was. His generosity knew no bounds, but his deeds of charity and kindness were so unobtrusive that few knew of their extent. The announcement of his demise from the Lapeer pulpit Sunday, brought sadness to a large circle who in days gone by had long looked to him as their faithful physician and tried friend.

In January of this year, he presented to the library of the Western Medical College his splendid collection of medical works, accompanied with this message to the students:

"Let knowledge grow from more to more;
But more of reverence in us dwell."

His aged mother, now in her 92nd year, and still in possession of all her faculties, and the following sisters survive him: Mrs. Annie Armstrong, of this city, widow of the late James Armstrong, M. P.; Mrs. J. H. Elliott, of Westminster; Miss Nora McColl, who with her mother, nursed and cared for him during his illness, and Mrs. Isabel Eastman, wife of the Rev. Mr. Eastman, of Meaford, Ont.

Progress of Medical Science

MEDICINE.

Conducted by

T. B. COOLEY, M. D.

Etiology of Cyclic Albuminuria.—JEHLE reports on 7 cases of cyclic albuminuria in children between 8 and 16 years. Amount and specific gravity of urine were normal; the albuminous bodies precipitated by acetic acid were always demonstrable, alone or accompanied by ordinary albumin. The amount of albumin was occasionally quite high. The author was unable to observe any striking variations in blood pressure, or any special influence on it of different positions of the body. He thinks that he has observed an etiologic factor in the occurrence of the albuminuria in an altered position of the spinal column. The urine was always free from albumin when the children were in a position which avoided a lordotic position. All the children observed had more than the normal lordosis, the greatest curvature being at the 1st and 2nd instead of the 3rd and 4th lumbar vertebrae. How the lordosis causes albuminuria is not certain—probably either through a direct action on the vessels, or indirectly through a pull on the (possibly too short) ureters, causing twisting of the kidney and stasis. According to these observations, therapy should consist not in milk diet, but in hearty nourishment and exercise. The standing position can be made harmless by proper support.—*Munch. Med. Wochenschrift*, Jan, 1908.

The Clinical Significance of Glycogen in the Leucocytes.—WOSKRESSENSKY *concludes:

1. A positive (iodine) reaction for glycogen in the leucocytes indicates a grave condition; infection or intoxication, whether bacterial or non-bacterial.
2. Absence of the reaction is not a proof of the absence of such condition.
3. Positive reaction occurs in pneumonias, recurrent fever, typhus, scarlatina, and progressive suppuration; it is absent in pleurisy, typhoid, small-pox, measles, and malaria.
4. The reaction may serve to differentiate in doubtful cases of pleuro-pneumonia, typhus and typhoid, concealed pus, appendicitis and gynecologic conditions of non-inflammatory characters, and in old cases of appendicitis and typhoid.
5. Absence of the reaction in diseases where it is usually present depends on the strength of the toxins; in pneumonia it makes

the prognosis graver; in typhus better. 6. The occurrence of the reaction in a disease where it is usually absent indicates a grave complication, such as pneumonia or suppuration, or an exceptionally severe course, as in malaria.—*Russ Med. R.*, (*Abs. Centralbl. fur Stoffwechsel*, 1907, p. 709.

A Clinical Method of Estimating the Acetone Bodies.—HART discusses the clinical importance of these bodies in the urine, the unsatisfactory results of ordinary quantitative determinations, and the difficulty of carrying them out in practice, and describes a simple method for rough and rapid estimation.

Gerhard's test (1c. c. of a solution of 50 grams ferric chloride in 50c. c. water to 10c. c. urine) is first applied. If positive this indicates diacetic acid and acetone in excess of 0.2 g. per liter. If the reaction is strong, it is diluted with water until the color approximates that of the standard reagent solution, and the amount of the acetone bodies read from a table given. If the final dilution indicates over 0.5g. per liter, oxybutyric acid is probably present, and may be determined by the polariscope. If Gerhard's test is negative, Arnold's, Legal's and Lieben's tests are applied in the order named. Arnold's reaction indicates over 0.1g. per liter, and Legal's 0.03g. If Lieben's test is positive and Arnold's negative the acetone is within normal limits. All of these tests, with the exception of the polariscopic determination of oxybutyric acid and the distillation for Lieben's test, may be made within ten minutes.—*Arch. of Clin. Med.* Vol. 1, No. 2.

Hot Gelatin Enemata in Intestinal Hemorrhage.—MICHAELIS, in a series of cases of intestinal hemorrhage, mostly typhoid, made use of 5% (in two cases 20%) gelatin clysmata at a temperature of about 120°, in amounts of 250-500c. c. 2 to 4 times daily. In all the cases the hemorrhage ceased entirely. The fear that the mucous membrane might be burned by the hot gelatine was shown to be unfounded by the autopsy on one case which died from other causes. The typhoid ulcers in the case showed no unusual appearances, nor was any injury to the kidneys to be observed.—*Med. Klinik*, 1908, No. 2.

SURGERY

Conducted by

MAX BALLIN, M. D.

Surgical Phases of Enteroptosis.—No case of enteroptosis should be operated upon until medical and mechanical means have been exhausted without relief. Cases of ptosis due to congenital habitus will not be relieved by operation, except in the rarest instances; they should not be considered, therefore, as amenable to surgical treatment. In order to arrive at an accurate estimate of the degree of ptosis, the X-Ray should be employed. In cases following childbirth, where the abdominal wall is very lax, thus destroying the equilibrium between the extra- and intra-abdominal force, resection of the relaxed ventral tissue through the method suggested by Webster, may give perfect relief, provided the diastasis has not been of such long standing that the abdominal organs are far below their normal levels. In the latter case, in addition to the Webster operation, it may be necessary to suspend the colon by means of the omentum, thus relieving the stomach of the weight of this organ, and at least temporarily supporting the stomach until there may be a natural shortening of its ligaments. In a simple gastroptosis without marked participation of the colon, the Beyea operation may be the one of preference. If the cardiac end of the stomach has been greatly dilated, forming a kink in the pylorus and a decided notch in the lesser curvature, a no-loop gastroenterostomy may be necessary with closure of the pylorus. (This is merely a suggestion, as the writer has had experience in only one case with this operation.) In exaggerated ptosis of the transverse colon, where a pendulous loop is formed which produces stasis of the fecal current, as well as tending to twist upon itself, with symptoms of partial obstruction, nothing less than excision of the redundant loop with end-to-end anastomosis will cure the case. In cases of redundant sigmoid, with more or less constant pain in the left side, associated with obstinate constipation, a suspension of the sigmoid so as to pull it up out of this bad position in the pelvis may give entire relief. On account of the constant mobility of the sigmoid a recurrence may be noted. In exaggerated cases of redundant sigmoid, attended with symptoms of extreme constipation, verging into obstruction, a resection of the sigmoid may be advisable. In all cases a carefully fitted abdominal support, or carefully adjusted straight front corset, should be worn after operation in order to give as much artificial support as possi-

ble.—JOHN G. CLARK, *Surgery, Gynecology and Obstetrics*, April, 1908.

The Parathyroid Glands.—The parathyroid glands are essential organs. Each gland has a separate and distinct capsule. The average number to a person is about three. They are generally located on the posterior surface of the capsule of the thyroid. Each parathyroid gland has a special parathyroid artery that supplies it and it alone. The destruction of the parathyroids causes death from tetany. Cutting off of the blood-supply causes the same fatal result. The loss of their blood-supply is the more frequent cause of death. To save them and maintain their blood-supply only the arteries that enter the thyroid gland should be cut. The safest method of operating is from above downward.—NORMAN PHILIP GEIS, M. D., *Annals of Surgery*, April, 1908.

Reduction En Masse of Herniae.—In the reduction of the contents of a reduceable hernia, the contents alone are reduced, the sac remaining outside; while in the reduction en masse, both the contents of the sac and the sac are reduced, the sac wholly or partially, according to the degree of en masse present. The danger of reduction en masse lies in its not being recognized and its necessitating a further operation. From 137 cases examined, we know that the surgeon or other medical man was responsible for its occurrence in 50% of the cases. As it occurs through taxis, its occurrence is a warning against the injudicious use of taxis, particularly in small herniae of recent formation and large herniae of long standing. We know from the examination of the recorded experience of others that it is in these two classes of cases that the accident most frequently occurs. The diagnosis of reduction en masse can be summed up in the words "the continuance of the signs and symptoms of intestinal obstruction after the apparent reduction of the hernia" by taxis or operation. If the signs and symptoms of obstruction persist after the reduction of a hernia, the abdomen should be opened and the reason should be ascertained and treated. An important physical sign in some cases is that the upper part of the inguinal canal on the side of the hernia is indefinitely "full" and not empty.—E. M. CORNER, M. D., AND A. B. HOWITT, M. D., *Annals of Surgery*, April, 1908.

PATHOLOGY AND BACTERIOLOGY.

Conducted by

C. S. OAKMAN, M. D.

The Indican Reaction as Evidence of Enterogenic Intoxication.—HARRIS A. HOUGHTON, M. D., discusses the details of indican excretion, its chemistry, detection, and significance. He deplores the pessimism felt by many clinicians regarding the value of the tests for indicanuria; although he admits that precise estimations are as yet impossible, nevertheless the methods in vogue are decidedly helpful, if properly performed and interpreted. Indol is the parent of indican, and is formed only in the intestine, during the course of proteid putrefaction and as the result of microbic activity; it is formed mostly in the cecum, ascending and transverse colon, and under normal conditions is not absorbed, because the large bowel does not readily take it up, and moreover the natural patency of the bowel provides outlet for it. Moreover when indol is absorbed, a considerable portion of it fails to be transformed into indican and hence cannot be detected in the urine. The reaction by which the indol becomes indican takes place through the agency of and probably in the liver.

In conclusion, HOUGHTON states that there may be putrefaction without the production of indol, but indicanuria is a sure sign of putrefaction. A maximum reaction for indican indicates excessive intestinal putrefaction and intoxication arising from it. A reaction that is marked, but below the maximum, may be significant, but its interpretation should be controlled by the clinical aspects of the case. A marked reaction which subsides under treatment indicates a lessening intoxication. No interpretation can be placed on a negative reaction.—*Am. Jour. Med. Sc.*, April, 1908.

Primary Carcinoma of the Appendix.—F. KUDO describes eight cases of this form of neoplasm, which mostly were accidental findings in appendices removed at operation. Cancer of the appendix occurs in three types: as simple carcinoma, with scirrhous form of the connective tissue; as adenocarcinoma; and as adenocarcinoma with marked formation of mucus. The last appears to occur especially in older subjects. But it is striking that in general the disease more often

affects young individuals; thus KUDO mentions one case in an eight-year-old child, and the collection of cases reported in the literature supports this observation. The tip of the appendix is the favorite seat of the tumor, and it rarely is found in the middle or the base. The growths are mostly very small, and may easily escape detection, as in a case of the author's in which there was diffuse carcinomatous infiltration of an obliterated appendix without any thickening. In many cases only the mucosa and submucosa are attacked, rarely are the serosa and muscularis involved. These tumors almost never metastasize; their slow growth and benign character depends perhaps on the structure of the appendix, whose narrow lumen and powerful muscle-wall appear to hinder the rapid spread of carcinoma. The relation between appendix-carcinoma and appendicitis is questionable; probably the carcinoma is the exciting cause of the inflammation, from its stenosing effect.—*Zeitschr. f. Krebsforschung*, Bd. 6, 1907, H. 2.

The First Stages of Pulmonary Anthracosis by Inhalation.—HOCHÉ and FINCK experimented on puppies of similar breed, placed in a cage with freely circulating air. A control animal showed no trace of anthracosis. One puppy was placed under a large bell-jar, with a turpentine lamp, whose smoke soon filled the jar. The animal was killed after 20 minutes; the nostrils showed a thick layer of soot, the pharynx was black with it, likewise the oral cavity and the esophagus as far as the cardia; trachea and bronchi were slightly reddened and covered with fine granulations and blackened mucus. The lungs were grayish, especially in the lower lobes. Further experiments under varying conditions gave confirmatory results. Microscopically the soot was found to have penetrated even to the peripheral alveoli, and the cells in the lymph spaces contained particles in their protoplasm. These cells were round or oval, were free in the alveoli and bronchioles, and were probably exfoliated. Similar cells were seen in the lymph spaces of the alveolar walls, and in the bronchial lymph nodes.—*Compt. rendus heb. de la Soc. de Biol.*, 1906 Nr. 38.

LARYNGOLOGY.

Conducted by

J. E. GLEASON, M. D.

Rosenmuellers Fossae and Their Importance in Relation to Middle Ear Diseases.—EMERSON claims that there is very frequently found in the fossae of Rosenmueller, in adults as well as in children, a large amount of degenerated adenoid tissue, which can be seen by posterior rhinoscopy in only a small percentage of cases. A digital examination is necessary for diagnosis, and this should be done as a routine procedure.

Pathologically three varieties of adenoid tissue may be found in the vault of the pharynx. A soft variety, composed almost entirely of lymphoid structure, exists, which appears as a smooth semi-fluctuating mass, spreading over almost the entire naso-pharynx. This is very friable and is covered with a thin layer of epithelium. A second variety has very little increase in actual gland structure, the enlargement being due to stasis and edema, produced by leakage from the vessels. The hard or hyperplastic variety presents increased lymphoid structure, with decided overgrowth of connective tissue elements. It is the first variety which seems to determine pathological processes in the fossae. This is of importance (1) because its presence is an active factor in causation of recurring pharyngitis in adult life from direct continuity, and by interfering with the action of the levator palati and tensor palati muscles. It is of etiological importance in pharyngitis lateralis. It also may be a portal of systemic infection and by obstructing venous return from the tympanum and labyrinth cause tinnitus. Clinically, its arrangement is as follows: (1) One or more bands pass from the posterior upper part of the recessus pharyngeus to the eustachian tube. These can be seen by posterior rhinoscopy. (2) The entire fossae may be filled with a soft friable mass which is smooth and which cannot be seen by the eye. The finger, however, sinks into it and easily removes it. (3) The recessus is studded with irregular masses which may be scattered, though not large in amount. This form can be detected only by digital examination. The author has found degenerate tissue so often, and its removal has been attended by such immediate results, that he does not feel justified in subjecting a patient to prolonged treatment without digital examination of the fossae without reference to age. It is indicated absolutely if there are present the classical symptoms of stuffiness, fluctuating hearing, tinnitus and recurring unilateral salpingitis.—*Annals Otolaryngology and Rhinology*, Sept., 1907.

Contributions to Killian's Radical Operation for Chronic Frontal Sinus Empyema.—MADER takes up the end results after a period ranging from 6 mos. to 3 yrs, of 14 cases of chronic frontal sinus empyema, operated according to Killian's method. The headache was either entirely and permanently cured, or at least markedly relieved, to reappear only during bad weather. Often the pain persisted during the convalescence, to disappear after healing had taken place. Less satisfactory results are obtained as regards the secretion. In the best cases, it was very slight, but many times there was observed only a transformation of the purulent into a mucous or muco-purulent secretion of lessened amount. Total obliteration of the cavity never took place, only a partial. The cavity was filled with a kind of scar tissue, capable to a certain extent of secretion. The cosmetic result was without doubt the point par excellence of this method. As a rule it was excellent, although exceptions were noted, when the sinus presented exceedingly large recesses upward and outward. The general condition of the patient improved in every case, occasionally strikingly so. The symptoms on the part of the nervous system were always influenced for the better. Many recovered entirely. The most unfavorable cases in this regard were those of marked neurasthenia. Nose and throat conditions improved with the diminished secretions. Every patient was able after the operation to resume his or her work, mental or physical as the case might be. The author considers that no other method, all points considered, offers such good uniform results, and he does not hesitate to designate it as the most useful and most worthy of recommendation of all methods thus far described.—*Archiv. fur Laryngologie*, XX-1.

Pneumocele of the Frontal Sinus.—ROSENBERG reviews the cases of pneumocele of the frontal sinus so far described in the literature. As etiological factors appeared most commonly injury of the anterior wall, the result of trauma or of operative interference. Suppuration within the sinus also caused pneumocele. According to v. Helly, the inflammation produced a thrombosis of an emissary vessel,—a place of least resistance, through which air and pus could pass. Congenital perforations exist rarely, but their possible existence must be borne in mind.—*Archiv fur Laryngologie*, XX-1.

DERMATOLOGY AND SYPHILIS.

Conducted by

A. P. BIDDLE, M. D.

Observations on Skin Diseases in the Negro.

1. In spite of the fact that the negro is more susceptible to disease in general than the white man, and that his mortality is twice as great, he suffers less frequently and less severely from diseases of the skin.

2. The negro skin is decidedly less susceptible to external irritants.

3. The full-blooded negro is almost immune to ivy poisoning.

4. Acne is less common and much less severe in the negro. Rosacea is a rare and very mild affection. Eczema is perhaps not less frequent, though certainly less severe. Psoriasis in the full-blood negro is very common.

5. Tuberculosis of the skin is not more common in the negro in spite of the great prevalence in this race of pulmonary and other forms of tuberculosis.

6. Syphilis is certainly more common in the negro than in the white. It is probably not more virulent. Tertiary forms are not more common. A tendency to be annular syphilide as well as to keloid, elephantiasis and fibroma, deserves to be classed as a racial peculiarity of the negro.

7. The negro is more subject to new growths of connective tissue origin and less so to those originating in epithelial structures. Cutaneous epithelioma is very rare in the full-blooded negro.

8. The mucous membranes as well as the skin are less susceptible to disease. Leukoplakia is seen in the negro with extreme rarity.—HOWARD FOX, M. D., *Sixth International Congress*, New York, Sept. 1907.

Verrucae Plantares; Their Prevalance in Boys and in Young Men.—"When the plantar wart is of recent date, it shows itself in the form of a slightly reddened elevation covered with a thin epidermis. When this covering is removed, bleeding appears from a number of orifices.

"Most often, however, the lesion presents at first sight the aspect of a large and extremely tender callus. The horny layer is thickened and elevated; sometimes the central part of this horny plaque is perforated by a sort of well, more or less deep, especially if there has been an attempt to scrape it off. If, however, the lesion has not been molested for some time, the superficial horny layer forms a complete covering.

"When the surface of the lesion is cut with a knife, the periphery of the lesion is found to have a hard, semi-transparent, horny layer, much like normal horny epidermis, or that which constitutes calluses and corns. Instead, however, of penetrating deeply into the corium with a horny

mass as does the corn, this lesion possesses a soft and depressible central portion. It takes the form of a ring perforated by an orifice which becomes larger as one goes more deeply. This central part possesses a tissue of a very different appearance, a horny tissue, to be sure, but white, opaque and milky; it is soft and resistant to the knife like wet tow.

"While the horny ring at the periphery is homogeneous or stratified, the central part appears to be fasciculated and formed of columns which penetrate vertically downwards. Frequently a dark, hemorrhagic point is seen, and most often, if one continues to cut successive layers of the lesion, drops of blood are poured out from a large number of capillary openings which dot the surface.

"It is at first difficult to make a curette penetrate into this soft and tenacious tissue. When once, however, the curette has reached its base, a soft, white, milky tissue is removed, which is divided into columns that run perpendicularly from the surface to the base."

Such is Dubreuil's description of this affection upon the soles of the feet.

Treatment. In a considerable number of cases salicylic acid in collodion in 10% strength was sufficient, after some time, to remove the lesions. It was painted on daily, and the foot soaked every other day for twenty minutes in hot water, and then pumice soap used to remove as much of the lesion as possible, and then the painting renewed; much the same treatment that is used in the case of corns.

Many cases, however, will not respond to this treatment, and BOWEN has had some success with chryasorbin, which was added, in 10% strength, to the salicylated collodion. In other cases success was attained by covering the lesions constantly with a 60% salicylated gutta percha plaster.

The late Dr. Warren of Groton, who had treated a large number of these cases in the boys of Groton School, had come to the conclusion that the Paquelin cautery was the best, surest and quickest method. He first cocaineized the wart, and with a round point of the Paquelin cautery thoroughly cauterized, beginning at the center and sweeping round the whole periphery of the wart. This method he considered almost painless, produced the smallest possible scar, and needed but one sitting, if carefully done.

Electrolysis has been effective in DR. BOWEN's hands, but without thorough local anesthesia it is very painful, and the same may be said of the strong caustics.—JOHN T. BOWEN, M.D., *Sixth International Congress*, New York, Sept., 1907.